KANSAS MEDICAL JOURNAL.

VOL. III. TOPEKA, KANSAS, OCTOBER, 1891. No. 10.

Removal of Uterine Appendages, with Results.

Read before the American Association of Obstetricians and Gynecologists in New York City, September, 1891,

BY

M. B. WARD, M. D.,

PROFESSOR OF GYNECOLOGY IN THE KANSAS MEDICAL COLLEGE, TOPEKA, KANSAS.

Mr. President, and Fellows.—To prepare a paper on any subject, and read it before this distinguished Association of specialists, and in this great city, is to me an exceedingly embarrassing and difficult undertaking.

We Kansans think we possess an identity when within our own circumscribed borders, but when so far from home and in the presence of America's greatest physicians, we, (or I,) get the "buck fever" as it were, and regret that I promised to open my mouth.

What I have prepared for your consideration at this time has in it no element of news or instruction, but the same old story which you all have so often heard.

Abdominal sections for diseased pelvic organs may truly be classed as "missionary" work in the sunflower state.

If correctly informed, I did the second operation of this kind within the state, in February, 1890. Dr. J. C. McClintock did the first, the preceding January.

Unfortunately, my first case was an inoperable one. Not only was there pus in every part of the pelvis, but, in addition, the intestines were perforated and their contents was floating in the pus. The patient lived only fifty-two hours.

This was indeed quite discouraging. There was no one to blame, however, but myself. I was eager to operate, and the tyro cannot select his cases at all times, especially in small cities or in the country.

The experience was of great value to me. The most important lesson was the lucid comprehension that the dead cannot be restored to life. I also learned that it is wiser and more profitable to allow that class of patients to die in the "Providence of God," rather than at the hands of the surgeon.

I supposed this unfortunate result would conclude my abdominal work for many months. In this regard, I was mistaken.

My only salvation from this dire calamity was the preservation and mounting of the tumors removed. They were great bags, each capable of containing nearly a pint of pus, and presented such an unsightly appearance, that my friends thought it wonderful that I could remove them at all, and to save the woman's life after she had become so terribly diseased, was, of course, thought not possible.

My next case appealed to me for an operation, fearing she would herself become in like manner diseased.

I have operated only fifteen times for the removal of diseased uterine appendages.

The number is too small to report to this Association of specialists, many of whom, I doubt not, have done hundreds of these operations.

Some of the cases are of more than usual interest, and the results exceedingly gratifying.

I have had three cases terminate fatally. The one I have referred to; one died four weeks after the operation of suppurative peritonitis, from some technical defect, which greater experience might have avoided; and the third death was caused from hemorrhage of the lungs, the patient being tubercular.

The reports comprise a very brief statement of the condition of the patient before the operation, the character of the operation, and the result at the time of writing.

CASE II. Mrs. W, aged thirty-nine, married, mother of three children, and had miscarried three times. Her first miscarriage occurred several years ago, and her poor health dates from that time. In September, 1889, she had a miscarriage, with retention in utero of the membranes for nearly two weeks. This was the "straw that broke the camel's back," for she remained an invalid from this time. She had to be carried up stairs at the time of the operation, March 13, 1890. She had given up all expectations of ever regaining her health.

Both ovaries were found nearly destroyed by inflammation. The fimbriated extremities of the tubes were completely obliterated. Many strong bands were present, causing alarming hemorrhage when broken up. The drainage tube was kept in for thirty-six hours. Nothing occurred to interfere with rapid and uneventful recovery. She says now she is the healthiest and happiest woman in Topeka.

CASE IV. Mrs. S., aged thirty-five, mother of one child, and had one miscarriage. For the past two years had not been able to do any work without suffering.

On examination, I found two tumors: one anterior and above the fundus of the uterus, and the other in Douglas's cul-de-sac.

Operated October 16, 1890. The anterior tumor was the right tube, which was four inches in length, nearly two inches in diameter, and adherent its entire length to a coil of intestine, requiring very careful dissection to separate them. The left tube was the shape and size of a large orange, and buried in Douglas's pouch. I succeeded in removing these large pus tubes without rupturing them. The patient did her own work, including washing, in three weeks, and the fourth week walked three miles in one day. She has never had any pain since the operation, and is in perfect health. Her menstruation has continued, and is quite regular.

CASE V. Mrs. M., aged forty, married, but not living with her husband; mother of one child. Her invalidism dates back many years. She says that for thirteen years she was never free from pain when on her feet.

There were lacerated cervix and perineum. The uterus was fixed, and behind it and against the rectum was a mass the size of a lemon.

I have never seen a more complete physical wreck. She was hysterical to excess. Crying, laughing and complaining occupied her entire time.

Operated November 12, 1890. The left ovary and tube was a shapeless mass. The adhesions were the largest and strongest I have ever seen. The pedicle, where it was ligated and cut, was one inch and a half in diameter. The right side was quite similar to the left, but not so large. Bleeding was profuse. Drained for twenty-four hours.

She had no pain after the operation, but some soreness for first few days. Perfect recovery followed, and patient left for home in three weeks. She is now a fine, plump, and well woman. She says "It seems like a dream," she is so greatly improved.

CASE VI. Miss Anna D——, aged thirty, domestic. For two years unable to work more than one-half the time. If she lifted anything at all heavy, it would cause her to go to bed for two or three days. Examination under an anaesthetic revealed a tumor in Douglas's pouch, which I thought was an enlarged ovary.

Operation December 15, 1890. The uterus was covered with small tumors, and one the size of a large lemon was attached to the posterior wall. This tumor I removed. The pedicle was one and one-half inch in diameter. I also removed the appendages, which were normal, in order, if possible, to prevent the further growth of the small tumors.

Recovery has been complete, although she had some pain, and was quite slow in regaining strength.

CASE VII. Miss L. W., aged eighteen, a feeble little girl. For three years, there had been almost constant uterine hemorrhage. She had been treated by many physicians, and by almost every conceivable method. She was a constant sufferer. Her headache was quite unbearable. Most of her nights were spent in sleepless suffering in her head, side, back, limbs—everywhere

She had a persistent, croupy cough, that was distressing to hear.

An operation seemed the only procedure that gave any promise of relief, as the uterus contained a small fibroid in its posterior wall, and there was every indication of diseased ovaries. It was assuming quite a responsibility to recommend an operation in this case. She was the only and almost worshipped daughter, and possessed unusual accomplishments.

The operation was done January 10, 1891. The ovaries and even the Fallopian tubes were of uniformly fibrous tissue. The ovaries were much enlarged, and each contained a small spoonful of cystic fluid. They were smooth, and presented the appearance of solid fibroids. The uterus contained an interstitial myoma in its posterior wall. Both appendages were removed.

She gradually recovered, and went home, about forty miles by rail, in seven weeks. It was three months before she could get around much. She is now quite a healthy girl. Has gained much in flesh, appetite is increased, does not cough, and never has since the operation.

She still has some headache, and complains somewhat of pains, but in comparison to her former condition, she is greatly improved. She has not menstruated since operation.

During her convalescence she had cystitis, pneumonia, and profound nausea. There seems not the slightest doubt of her recovering perfect health. I informed her parents before the operation that it would take one year for her to recover.

CASE VIII. Mrs. M., aged twenty-eight, married, mother of two children. Had a history of several attacks of pelvic peritonitis, each of which kept her in bed for several days. Had had a troublesome cough for several years. When she came to me for examination, she looked like a consumptive.

The uterus was in normal position, but adherent. There was a small mass on right side. She was very tender, and suffered greatly from the examination.

I informed her that the operation would probably relieve her of all her trouble.

The operation was done January 13, 1891. The ovaries were fibro-cystic. The right was the size of a small hen egg, the left somewhat smaller. Both tubes were greatly enlarged.

There were very few adhesions. The right kidney was floating, and was found low in the pelvis. The patient made a rapid recovery. After the first forty-eight hours, it was hard to convince her that she ought to remain in bed. I had a suitable truss made for the floating kidney, which holds it in place.

She is now a fine-looking and healthy woman. All her former trouble is now nearly forgotten; no cough, no pain in her heart, no tenderness in her bowels, from which she formally suffered almost constantly. She is extremely happy.

CASE IX. Mrs. P., aged forty-one, mother of several children. Had been confined to her bed thirteen months.

Complained mostly of her pelvic organs. There were many symptoms of serious pelvic disease. She also had a tender spine.

The patient was under the care of Dr. S. E. S., of Topeka.

A double hydrosalpinx with cystic ovaries were found and removed. The patient felt better within forty-eight hours after the operation than she had for some months. She convalesced very rapidly.

At the time of writing, (four months after the operation,) she is able to do some work, is hearty and fleshy, and in every way greatly improved.

CASE XI. Mrs. P., aged thirty-five, mother of four children, the youngest two years old. Gave history of several miscarriages. For the past year had been suffering constantly when on her feet. Would go around the house holding her bowels on account of the pain caused by walking. Street car riding was quite impossible.

Salpingitis and chronic ovaritis were diagnosed. Operation was not resorted to until all other methods had been thoroughly tried.

Operation was done May 8, 1891. The tubes were the size of a gut, and the ovaries greatly enlarged and nearly entirely cystic. Both sides were removed. She gave me no

trouble, and did her housework within four weeks. She came to my office in eight weeks, and a happier woman I do not care to see. She can walk and run as sprightly as a young girl.

CASE XII. Mrs. K., aged twenty-eight, mother of two children; weighs one hundred and ninety pounds, but has been a great sufferer. Her illness dates back six years, and started from infection caused by a septic sponge, introduced and retained in the uterus to control post-partum hemorrhage. She had been under a physician's care nearly all the time since. I first saw her May 10, and operated May 22. The removal of the appendages (exhibited specimens) was the most difficult task I ever undertook. In fact, without the aid of my friend, Dr. J. C. McClintock, I could never have completed the operation. I did not think it possible for her to recover. Hemorrhage was quite free for a few hours, but I removed the drainage after nine hours.

Convalescence was thoroughly established in twenty-four hours, and she went home, fifty miles by rail and six miles in a buggy, in three weeks from day of operation. She has since visited at my house, and says she is a well woman.

CASE XIII. Mrs. F., aged twenty-eight, mother of two children. Bed-ridden for one year. Reduced to nearly a skeleton, and very anæmic. Pulse 120 to 140.

Examination revealed a fixed uterus, and pelvis filled with adhesions. Pain from examination was quite unbearable.

Patient was under the care of Dr. W. S. B., of Lawrence, Kansas. When I was called to see her, she was so low that I refused to operate, and returned home. Two days afterward, June 7, I went back at the urgent request of all the relatives and her physician, and operated.

The ovaries were buried in the pelvic fascia, and in breaking up the general adhesions of the appendages, there was frightful hemorrhage. This was partly controlled by hot water irrigation. Drainage was necessary only for a few hours. Her life hung in what seemed to be an even balance for a number of days. Her physician reports that the patient is doing fairly well. It is my opinion that she will not regain her health. The operation has probably prolonged her life. Further than this, I cannot say.

CASE XIV. Mrs. P., aged twenty-six, married, no children. History of chronic pelvic disease. Bed-ridden for several months. She was under the care of Dr. T. C. B., of Emporia, Kansas, the home of the patient.

Diseased uterine appendages had been diagnosticated, and upon examination just prior to operating, I confirmed the diagnosis.

The operation was done June 16. Upon opening the peritoneal cavity, I found we had a case of tubercular peritonitis of the plastic variety, with adhesions everywhere. I worked my way down into the pelvis, and finding no marked trouble of the appendages, I washed out the cavity, and closed it without drainage.

Her temperature, which ranged from 99½° to 101½°, immediately became normal, and remained normal for five days. Then it went up to 100°. The wound healed perfectly, and the sutures were removed the eighth day. Patient had not experienced any trouble from the operation.

On the thirteenth day, Dr. B. writes, he found the bandage and dressings saturated with pus, and the wound was partially opened, with offensive pus flowing quite freely. This gradually subsided, and the patient continued to improve. She is now, three months after the operation, doing nicely.

CASE XV. Mrs. B., aged thirty-nine, married, mother of several children. For the past seven years had been insane. Six years of this time, she was confined in the State Asylum, in Topeka. For the last year had been at home, her husband hoping that the change from the asylum to home associations might benefit her.

After trying this experiment for one year, they were obliged to again take her to the probate court, where she was adjudged insane and sent to the asylum. She could not be admitted to the asylum, because it was already full, and Mr. B. concluded to place his wife in a private asylum in To-

peka. The accommodations in this institution did not suit him, and in his desperation he concluded to consult a specialist, to see if something could not be done to cure his wife, whom he nearly worshipped.

Her history pointed unmistakably to the generative organs as the prime cause of her deplorable condition.

It required four persons and the aid of straps to hold her while I examined her. She was certain we were all trying to outrage her person. Owing to her struggles, it was not possible to make an intelligent diagnosis.

I recommended the operation as the only means of relief, bud did not promise a cure from the operation.

Mr. B. consulted two other specialists, and they also recommended an operation.

Four days after I first saw her, June 18, she was taken to her home in Concordia, Kansas, and with the hearty co-operation and assistance of Drs. Sawhill, Marcotte, McCasey, Pigman, Rains and McLaughlin, of Concordia, and Dr. Lyman, of Manhattan, Kansas, I removed the appendages. The left ovary was a cyst the size of a small lemon, and no adhesions. The right was strongly adherent to the pelvic fascia. The uterus was in normal position. She was placed in the care of Drs. Sawhill and Marcotte.

June 27, Dr. S. writes: "There has been no elevation of temperature, no tympany, no soreness, in fact, the operation did not seem to affect her in the least; there has not been a day that she would not have gotten up, had she been permitted."

July 14, Dr. S. writes: "Eleven days after the operation, she got up and went to the table to eat. They let her do this on their own responsibility, and contrary to my orders. She was up about the house during the whole of the third week, but she was very particular and kept the bandage tight herself, and she has improved constantly. On July 4, (I heard only,) she went eight miles to an alliance picnic."

In conclusion, I desire to state the special reason for reporting my cases.

There is a hue and cry in the west against any operation the result of which unsexes women. If the cases reported in this paper show that I am removing healthy organs, then it seems no longer necessary to carefully tabulate our cases. If the reports prove, as I think they do, that in properly selected cases the results are of incalculable benefit to the patients, why should not the profession at least admit it?

So prejudiced are some of the profession in certain localities, that they will not remain in society meetings if an operator is going to report successful cases and exhibit the specimens.

I do not wish to be understood as casting the least reflection on the motives of a single member of the profession, but have endeavored to state facts without embellishment.

Shock.

Read at the Kansas State Medical Society, Wichita, Kansas, May, 1891,

BY

J. B. HIBBEN, M. D., of Topeka, Kas.

THE practice of medicine and surgery is doubtless older than history itself, yet century followed century, and many, many generations of man arose, passed away and were forgotten, before we find any record of the intelligent application of the science of either.

"There is nothing new under the sun" says the preacher. It is a curious commentary on that saying, when we can look back scarcely one hundred years to a time when medicine was in its infancy, and the science of surgery had scarcely an existence.

Only a few years since, the priest was the physician and surgeon, and the barber used the lancet as a panacea for all human ills. The priests and the barbers of those days were the antetypes of the modern quacks.

In the earlier history of medicine and surgery, the business was something like a country store. The doctor was prepared to give his patient physic, bleed him, pull his teeth, shave him, gouge out his eye, or say

mass for the repose of his soul if the disease got the best of his treatment.

Is it any wonder that the people in those days held the physicians and surgeons in abhorrence, and trusted for cures, even in cases of dislocations and fractures, to spells and incantations?

Is it any wonder that the pathway of medicine and surgery is strewn with the wrecks of the human family?

Is it not the greater wonder that *any* survived the old-time practice?

In 1504, the Royal College of Surgeons of Edinburgh was chartered as "An Association of those professing Surgerie and Barbour-craft," and in 1589 began the custom of granting leave to barbers to practice surgery.

In 1518, the Royal College of Physicians of London was chartered "To check men who profess physic, rather from avarice than in good faith," and in 1540 this college passed an act that "Surgery is a part of Physic," (though it does not say what part,) and until a few years ago refused to admit a member of the Royal College of Surgeons unless he formally resigned his surgical diploma.

But the natural tendency of all business interests is classification, the division into distinct departments, each regulated and governed by rules peculiar to itself. Following this general tendency of all business relations, medicine and surgery furnish no exception to the general rule. Surgery and medicine have become two distinct schools of practice, and, with the increase of knowledge, each has been subdivided into specialties.

In surgery, the diseases peculiar to women, diseases of children, diseases of the eye, diseases of the ear, deformities, cancer, dentistry, the nervous system, etc., have separated themselves from general surgery, and constitute special departments.

In the limited time allowed me, I can only speak briefly of one of the specialties, and have selected one pertaining to the nervous system.

A man in the full prime and vigor of manhood receives unexpectedly some startling news, which excites severe emotion, dies suddenly. Another man receives a fatal blow; a third comes in contact with a live wire, and is killed by electricity; and a fourth is struck by lightning; death in each case is said to be due from shock. In all four cases, the action of the heart is suddenly arrested through the nerve center—in one case through the mind, in all the others through the body. In all four of these cases, the heart is found full of blood, distension having paralyzed the action.

A railroad train suddenly leaves the track and is precipitated down an embankment. The engineer receives a severe compound fracture, the fireman is severely scalded or burnt, and several of the passengers have limbs torn away or crushed, in which the peripheral nerves are seriously involved, and as a result, reflex paralysis of the heart occurs. All of these have sustained a shock, more or less intense, and as a consequence, become cold, and almost, if not quite, pulseless. In all of these cases, the skin appears to be bloodless, and covered with a cold, clammy sweat. The man may breathe almost imperceptibly, feebly, or with sighs and gasps.

His nostrils will probably be dilated, his eyes dull, his vision imperfect, and consciousness may be lost in very variable degrees. The patient may possibly be roused, yet, as a rule, he requires rousing, to prove the existence of consciousness. At other times, the intellect remains quite clear. These are briefly the signs of collapse or shock, the result of injury. They are to be found in variable degrees after most accidents, and are by no means usually fatal, unless the injury itself is fatal.

Shock or collapse with hemorrhage may be treated one way, and, not complicated with hemorrhage, in another.

In each case, the circulation through the heart must be either excited or held steady. One thing certain, the heart must pulsate and the patient must breathe, and any and everything which has a tendency to bring this about is good treatment.

The physician must not become disheartened, even in the worst cases of shock, no

matter how little life seems to exist; even if only a spark be present, the treatment should be persisted in—such as artificial respiration, etc. The temperature of the body should be maintained by any external remedies. Garry, in an able article, (Holmes' system,) advises, as the result of experiment and reasoning, that, should no evidence of heart's action be detected and no hemorrhage complicate the case, a vein should be opened, such as the external jugular vein, in order that the heart may continue its action.

As soon as released from its paralysis by distension, in cases of extreme collapse, transfusion has been recommended. The chief object of the physician should be to sustain life, and let it be done in a quiet, gradual manner, and not too vigorous, as such treatment is dangerous and sometimes fatal, as is the case sometimes from hemorrhage from too rapid a motion before nature has sufficiently asserted itself by forming a natural plug in the arteries. The main object is to do enough, and not too much.

When called to see a patient suffering from shock, the first main object is to lay your patient down, unloosen any and everything about the neck and thorax, and at the same time apply externally warmth; one good way is to take several bottles, fill them with warm water and cover them with an old sock, and apply them to different parts of the body. Stimulants in the first stage of shock should be given carefully, and if, after giving two ounces, motion does not take place, it is hardly worth while to give any more by the mouth, as the stomach will throw it off and have a tendency to weaken the patient, and thereby do harm. An enema should be given of brandy, beef tea, etc., if the stomach refuses to retain nourishment.

Shall we operate on a patient during shock after a severe injury—such, for instance, as during a railway accident, or in compound fractures requiring an operation?

My answer to this question will be, if very much hemorrhage does exist and the life of the patient be thereby endangered on account of loss of blood, the sooner you operate, the better. Delay is dangerous.

The administration of anaesthetics under these circumstances seems to have a stimulating effect, and it is wonderful how the heart rallies and how successful such operations under these conditions terminate.

While on the other hand, if a great amount of hemorrhage does not exist and the life of the patient is not endangered on account of it, the longer the operation is postponed the better it will be for your patient.

Wait until reaction has thoroughly established, or you will perform an unnecessary operation, and deprive the subject of what little chance he has for life.

As a rule, after reaction has set in and the body is warm, the pulse good and strong, your operation will be a success and considered good surgery.

These are only a few of the general directions to be followed. Many simple remedies will suggest themselves to the attending physician.

I have endeavored in this short paper to give a few general suggestions as to treatment where the conditions are as described. Special cases will require special treatment. Time, place and circumstances must be taken into consideration. Above all, the attending physician must keep a clear head, avoid confusion, and apply promptly such remedies as are at hand. If this is done without delay and my suggestions are carefully followed, the best results will be obtained.

Bronchitis.

Read before the Kansas State Medical Society at Wichita, Kansas, May, 1891,

BY

T. W. PEERS, M. D.,

PROFESSOR OF DISEASES OF CHILDREN IN THE KANSAS MEDICAL COLLEGE, TOPEKA, KANSAS.

My reason for bringing to your attention such an ordinary, every-day disease, is the fact that many lives may be saved by the skillful handling of this disease. If the subject is presented in such a way as to induce you to think about it or look the mat-

ter up once more, the author will feel that his labor has not been in vain.

Is there a disease in the whole catalogue of ills the little ones are heir to that is so frequent? Many times the doctor is not called for it, but he is called often enough, and ever now and then he sees the disease extend and his little patient grow worse and worse, till death puts an end to the scene.

This is not particularly, or rather, exclusively, a disease of childhood, but its greater fatality among children justifies the treatment of the subject only as it occurs in the little ones.

CAUSES.

The most frequent cause of bronchitis among children is the lack of proper clothing and bathing. Sudden changes in the temperature, from warm to cold, and especially when accompanied by humidity, come next in frequency as causes.

Next I would mention as a frequent cause the exposure of the child to a cold, damp room when he comes in from his play with his body warm and perspiring, or with feet or clothing wet from the rain or dew.

Other causes are mentioned by authors, such as bad hygienic surroundings, teething, worms, irritating inhalations of vapors, gases or dust, and chronic conditions dependent on atelectasis. It also follows other diseases, as typhoid fever.

VARIETIES.

A general division of *acute* and *chronic*, according to the duration and character of the disease, may be made. When the inflammation involves the terminal tubes, it is called *capillary bronchitis*. If the air cells and connective tissue about them become inflamed, we have *broncho-pneumonia*. If the bronchial tubes in both lungs are involved, we have a *diffuse bronchitis*. But when limited to the tubes in one lobe or side, we then call it circumscribed bronchitis.

PATHOLOGY.

In the ordinary attack of bronchitis, there is a catarrhal inflammation of the larger tubes only. At first, they show a hyperæmic condition. The mucous membrane is reddened evenly, or in spots, according to the severity of the disease. When the attack begins, the mucous membrane is dry, and secretes no mucus. Soon, however, there is an abundant, thin, watery secretion, which gradually thickens and turns yellow, from the purulent elements excreted.

If the disease lasts some time, the redness disappears, and an ashy, grayish appearance takes its place. The blood vessels now show through the mucous membrane, and are enlarged and congested. If the disease goes on to recovery, these conditions gradually give place to the normal appearance.

In severe cases where the terminal tubes are involved, the air cannot be forced out from the cells because the tubes are closed by the congestion and accumulated mucus, and by long distension of the cells, emphysema may result. Sometimes, too, the inflammation here takes on a purulent form, which results in minute abscesses, or the formation of a cheesy degeneration.

SYMPTOMS.

With children, the attack is usually a sudden one. There may be a chill or chilly sensation, followed by fever ranging from 100° to 102°. The chill is often absent. The tongue is thickly coated, the face is flushed, breathing rapid and labored, the alæ nasi dilating. There is usually considerable perspiration. The pulse is fast and full. The cough is dry and frequent at first, but changes soon to a moist one.

An examination of the chest will show that the breathing is labored, and that the diaphragm is doing its work with great difficulty in proportion to the severity of the disease. Percussion reveals very little, unless there is pneumonia present. On auscultation, rales are usually heard over both lungs. They are of a bubbling and squeaking character, according to the amount of mucus in the tubes.

Such are the prominent symptoms, varying greatly in severity. In the mild form, the child has little or no fever, some anarexia, is a little fretful, but not usually con-

fined to his bed, and may even play around about as usual. As in all forms of bronchitis, so here the cough is at first dry. In two or three days it becomes moist, and at first is coughed up with considerable difficulty, but soon comes up freely, and often in lumps. Five to ten days puts an end to this form of the disease.

Again, there are cases of greater severity, even though the capillary tubes are not involved. The little patient is now flushed with fever, the respiration is rapid and labored, and the pulse rapid—120 to 130 per minute. The cough is severe and annoying, and produces considerable pain, mostly over the sternum. There is always danger in these cases of the inflammation extending downward into the smaller tubes.

In the severe, or so-called capillary bronchitis—I quote from J. Lewis Smith—"The respiration is short and hurried; 60 to 80 inspirations per minute are not infrequent, while the pulse also is greatly accelerated, attaining as high a number as 140 to 160 or 180 beats per minute. The cough is frequent, and the sputum, which collects in abundance, is expectorated with difficulty. If expectorated so as to be examined, it is found to consist largely of frothy mucus, with epithelial cells. After a few days, if the patient live, it becomes more purulent. Sometimes, as in bronchitis of adults, streaks of blood appear upon the mucus. In the first days of severe acute bronchitis, the temperature is considerably elevated, the face flushed and breathing oppressed. . . . . As the disease approaches a fatal termination, the pulse becomes greatly accelerated. The respiration is also in a corresponding degree frequent and panting, the inspiration being accompanied by marked infra-mammary depression and dilitation of the alæ nasi. The face becomes pallid, the prolabia livid, and tips of fingers livid and cold." The mucus and pus accumulate, exclude the air, and the patient dies from apnœa. In young infants, interrupted respiration is sometimes the precursor of death.

COURSE, DURATION AND TERMINATION.

Death sometimes occurs as early as the second or third day in severe general bronchitis. The younger the child and the severer the disease, the earlier the fatal issue. The usual termination is in six or eight days, so that we may expect recovery if our patient reaches the tenth day and has no complications.

Often the disease takes on a chronic form, which may run on for several months. The child is liable, also, to have a recurrence of the disease, unless he has thoroughly recovered before he is exposed to the cold or inclement weather. The average duration of an acute attack is from ten to fourteen days. The death rate from the ordinary attacks is small, but among infants and in the capillary form, death is frequent, because of the occurrence of atelectasis and broncho-pneumonia or catarrhal pneumonia.

DIAGNOSIS.

The diagnosis of an ordinary acute attack of bronchitis is usually simple and easy. Its sudden invasion, dry, frequent cough and absence of decided pain, are ordinarily sufficient to show us the disease. The important question to decide is, whether there is consolidation from pneumonia or not. A skillful examination of the chest by percussion and auscultation will usually determine this point. There is usually more pain in pneumonia, a higher temperature, and the course of the disease is more irregular, greater and more abrupt changes in the temperature. It is also of importance to determine to what extent the bronchial tubes are affected, and this is determined by the character of the rales, varying as they do from the coarse gurgling ones of the large tubes to the sub-crepitant rales in the small ones.

PROGNOSIS.

Our prognosis must be largely made on the general symptoms, rather than the physical signs. If the respiration is rapid and labored, the pulse rapid, the child blue and exhausted, the dyspnœa increasing, if he is clammy, cold and somnolent, the prognosis must be grave.

Because of the tendency of the disease to extend to the smaller tube, and because of a favorable termination sometimes in very severe cases, the prognosis must be guarded.

TREATMENT.

First in order and importance is the preventive treatment. In my opinion, the two most potent factors in the prevention of attacks of bronchitis are proper bathing and clothing, and right here is a chance for discussion. What is proper clothing for a child? "Toughen your child" says one. "Don't put on too much clothing, and let him run out in all kinds of weather. He will get so he can stand anything after while." Yes, I think so too, if he does not die before he gets to that place.

"Use flannels" says another. "Get real heavy ones in the fall, and be sure you don't change them to lighter ones until the first of May, and let him wear them all through the summer." If the boy had changed the first of May this year, he would have gotten frost-bitten sure. No, the general principles on which to clothe children cannot be stated in this kind of cloth for this time of year. Why do we clothe them at all? Is it not to keep them warm, and to prevent them from feeling too keenly the sudden changes in temperature which are constantly occurring?

How will it do then to tell the mother to use some material that is a poor conductor of heat, whether it be wool, silk, cotton (in certain forms), or a mixture, and to test the temperature of her child frequently. Send him out to play, even tho' the weather is not the best, and as long as he is actively engaged, he will probably not take cold; but tell him not to sit down on the damp ground, or in the cool wind to cool off. When he comes into the house, if he is wet and cold, especially his feet, see that he gets dry and warm quickly. If he is hot and perspiring, a tepid bath and a vigorous rubbing with change to dry clothing is the thing.

How about his bathing?

The directions are simple. Infants are the better for a daily bath in water that is as cool—not cold—as they can be bathed in and enjoy it, and react properly from it. One child can take the water quite cool, while another must have it warm. In either case, they should be dried off thoroughly, and the bath should be had in a warm room.

Many little things might be added, but it is not my purpose to make this exhaustive, but rather suggestive.

It is a great importance in the treatment of bronchitis to appear early on the scene. If this is possible, you may often be able to cut short an attack, or prevent it from taking on a serious form. This is done by making a profound impression on excretory glands and organs. This is done in a variety of ways. One of the best, in my opinion, is to give a warm bath at bed-time, and put them into a warm bed, giving them cover enough to produce free perspiration. In addition to this, a dose of compound licorice powder with an average dose of Dover's powder given after the bath is excellent. This is my way, but keeping in mind the fact that you want the skin, kidneys and bowels—in the order named is their importance—and the method, while important is of minor importance.

If the disease has progressed for several days before you see it, as is usually the case, then a somewhat different line of treatment is necessary, depending on the severity of the symptoms and the age of the child. Local treatment is very advisable. Here, again, we must know why we give it, in order to use it intelligently. Poultices are useful, if applied intelligently. The variety of poultices that the physician finds in families treasured up from the dim ages of the past as a sort of medicinal heirloom, is legion. From horse dung to onion, one finds every variation. My choice is flaxseed meal, with a little mustard in it; but if I find the family has great faith in some other form, I let them use it, provided, of course, it fulfills the requirements, which are *warmth*, *moisture* and *slight counter-irritation*. A word about making a poultice should always be given to the nurse. I usually direct that they shall take a tea-

cupful of the meal, one teaspoonful to a tablespoonful of mustard, and then gradually add boiling hot water, stirring thoroughly until it is smooth and thin enough to drop readily from the spoon. I also direct that two cheese cloth waists shall be made, the mixture spread evenly over one of them, the other put on over this, and the two stitched around the edges. In this way, we get the whole of the lungs covered, and get the heat and moisture without the nastiness of the poultice over the skin. Oil silk or cotton wadding or a woolen shirt should be put on ever the poultice.

This is advisable where it can be carried out intelligently and you have reason to expect it will be changed as soon as it has reached the body temperature. If you have reason to doubt its intelligent application, don't advise it at all, but use in its place an ointment, such as

℞ Ol. Terebinthini.....℥ ii
Ol. Camphoratæ.....℥ ii

Sig. Rub on thoroughly all over the lungs twice daily.

It is well to have an oil silk jacket over this. In small, weak infants, and in very young infants, I use this in preference to the poultice.

The indications for medicine are, first of all, to loosen the mucus so that it can be easily expectorated. A variety of drugs are used for this. At the head of the list are ammonium chloride and carbonate. Then follow bicarbonate of potash, nitrate of potash, iodide of soda or potash, and one of the recent additions is apomorphia, in small doses. One of these, combined with senega, squills, ipecac or rhubarb, and a syrup of tolu, wild cherry or yerba santa, is what I rely on for a regular prescription, adding to them anything that may be indicated in the special case.

Some attention should be shown the digestive system. The bowels and kidneys should move properly, and the child should have easily digested nourishing food.

When the breathing is labored and there is difficulty in getting sufficient oxygen, it is well to have steam generated in the room, and the addition of terebene, turpentine, oil of eucalyptus, or something of the kind, is at times very grateful to the patient. Oxygen may be given in severe cases.

The heart's action at times needs special attention. In the first few days of the disease, if the patient is strong and robust, the fever high and pulse strong and bounding, good results may be obtained from aconite or veratrum viride. They must be watched as you give them for results. Their action on the heart is what you are aiming at, and sufficient, and only sufficient, should be given to get these results. In my judgment, it is not advisable to reduce the pulse below 100 beats per minute in a child of four or five years.

At times, we have a patient weak and exhausted; in such cases, I have derived most benefit from digitalis and carbonate of ammonium, with small doses of whisky or brandy. In ordinary cases, I do not use any alcoholic stimulants.

After the patient has recovered, we should advise extra care for several weeks, to avoid a recurrence of an attack.

La Grippe.

Read before the East District Medical Society at Topeka, Kansas, June, 1891,

BY

J. H. VAN EMAN, M. D.,

PROFESSOR OF GYNECOLOGY IN THE KANSAS CITY MEDICAL COLLEGE.

I do not propose in this paper to more than slightly touch upon the past history of the disease variously known as influenza, blitz catarrh, modficher, and other names.

While the history of this epidemic infectious disease previous to 1510 is somewhat vague and hazy, since that date we have well authenticated histories of not less than seventy epidemics, varying much in their area and intensity, all, however, bearing a close family resemblance, and almost universally arising in the far east and traveling west or southwest, sometimes with very great rapidity and without any reference to lines of travel.

The belief that the miasm, germ or poison producing the disease is atmospheric seems well founded, although so far as I have knowledge, no one has yet been able to isolate the specific cause.

Its manner of infection resembles very closely that of marsh miasm—no well authenticated cases being on record.

Few if any deaths having directly resulted from the grippe, its pathology and the anatomical lesions, if any exist, are unknown.

In the first few cases which I saw in the latter part of December, 1889, I found difficulty in making a differential diagnosis, the resemblance being strikingly similar to malarial remittents.

I was soon able, however, to make out the distinguishing lines.

The classification based on the clinical history of the cases coming under my own observation, I make as follows:

Nervous.	Respiratory.
Catarrhal.	Gastro-enteric.

Fully fifty per cent. of the cases I saw belonged to the nervous form. In the subclasses, thirty-three and one-third per cent. were respiratory, and the remainder, or about one case in six, gastro-enteric.

The nervous type usually begins with chilliness, or even rigors, most frequently in the afternoon or early evening, differing in this respect from remittent fever, which usually occurs earlier in the day. The temperature rapidly rises to 103° or 104°, and remains high, with but slight remissions, and sometimes none at all for from forty-eight to seventy-two hours, and then subsides to normal within six to twelve hours, without any tendency to another paroxysm, and with no danger of relapse if proper care is taken.

From the very beginning, there is headache of the most agonizing character, often intense nuchal pain and soreness, with a strong tendency to retraction of the head, very suggestive of meningeal disturbance, and attended by a general myalgia and fearful backache, scarcely found in any disease other than smallpox or dengue.

Complete anorexia, rapid pulse, intolerance of light and sound, indicate profound constitutional disturbance. Little or no cough attends this tpye, no coryza—in fact, all symptoms of trouble with mucus surfaces are conspicuous by their absence.

In the first sub-class of the second form, *i. e.*, respiratory, we have the same severe constitutional disturbance, pain, rapid pulse, high temperature, etc., but with the headache and myalgia less severe; but in their stead, the most intense coryza, tears passing down the cheeks, water running from the nose, and an incessant cough. The temperature being entirely too high for bronchitis, one is led to suspect pneumonitis. On examination, the physical signs of pneumonia are found to be absent.

The duration and cause of this form is much the same as in the nervous form. The cough, however, remains for a number of days or even weeks, and is easily reestablished by any unguarded exposure.

The gastro-enteric type, aggregating about one case in six in 1889 and 1890, was much less frequent in 1890 and 1891, with the same general constitutional disturbances, but with less cough than the respiratory form.

Was characterised by the most intense gastro-enteric disturbance in the shape of vomiting and purging, at first of the contents of the stomach and bowels, later becoming serous. Quite frequently an universal urticaria complicated the stage of convalescence, and was hard to control, and exceedingly distressing. The diarrhœa is, in a few cases, rather persistent.

Between the more severe types described above and a few days slight indisposition, numberless gradations are found.

All other diseases are more or less modified by the prevailing distemper; convalescence being retarded and a decided general lowering of vitality, I found very well defined. Cases terminating in fatal meningitis are reported. I have seen none myself.

I am strongly inclined to the opinion that cases of incipient or developed phthisis undergo rapid changes for the worse after an attack of la grippe.

Profound physical and sometimes mental

depression frequently follow the more severe cases in all types of this disease, and even the milder cases show the impress of a powerful systemic poison, which, most fortunately for the human family, belongs to a self-limited disease, running a very short course.

The means of prevention, other than more than ordinary care necessary during the presence of any epidemic, can amount to but little in a disease frequently fulminant in its onset, and with an incubation stage of sometimes twenty-four hours, or even less.

Being a self-limited disease, running its course in about four days, and our want of knowledge as to the specific cause, makes its treatment other than expectant or symptomatic unnecessary. Much may be done, however, to make more bearable the three or four days of utter wretchedness and pain of our patients.

After the ordinary care to put the patient in as comfortable condition as the nature of the case will permit, I have found nothing better than the following prescription, the dose being for an adult:

℞ Cinchonidia salicyl.....ʒ ss
Phenacetine.....ʒ i i ss
Morphia sulph.....grs. i
Tr. veratrum vir.....gtts. xv

M. ft. caps xii. Sig. One every two to four hours.

In the gastric form, morphia, in full doses, hypodermically, is about the only form of medication that can be used in the first day or two.

Much care must be used in the ten days or two weeks before convalescence is fully established to prevent troublesome sequels or relapse. Much benefit may be be derived in this last stage by the following tonic:

℞ Strychnine sulph.....grs. ss
Tr. ferri citro chloridi.....ʒ ss
Acidi phos. dil.....ʒ i i i
Spts. limonis.....ʒ i i
Glycerine, ad.....ʒ i i i

M. ft. sol. Sig. One teaspoonful after meals.

I am led to believe that one attack of la grippe gives a certain amount of protection against further attacks. A very large proportion of my patients with la grippe during the last four months escaped the disease in 1889 and 1890. The converse is also true, that some have had as many as three attacks.

Nasal and Pharyngeal Medication, or What to Apply, and How to Apply it.

Read before the Kansas Medical Society, Wichita, Kansas, May, 1891.

BY

W. E. McVEY, B. S., M. D.,

PROFESSOR OF DISEASES OF CHEST AND PHYSICAL DIAGNOSIS IN THE KANSAS MEDICAL COLLEGE.

THE local treatment of the upper air passages requires as careful selection of remedies and as much consideration of the individual peculiarities and sensibilities of your patient as the treatment of any other class of diseases. In considering these peculiarities, we are not dealing altogether with local conditions. It is true that an increased sensitiveness of a part may be and generally is the result of an hyperæmic or congested condition, but we also have to deal with a class of patients in whom the reflex sensibilities seem to be abnormally developed, and in whom there is an exalted sensitiveness to the slightest irritation.

The latter class of cases will not be considered in this paper, although we are most likely to observe that in these cases remedies which we may have at other times considered exceedingly mild in the former class of cases, are borne with the greatest difficulty, and frequently the result is just the opposite of that we wish.

The method of applying our remedies is another point in the treatment which demands a most careful consideration. There are several ways of making applications to the upper air passages, and in most cases your choice may be made from the various points of convenience or mechanical applicability to the case in question. And I may say without hesitation, that as a general rule some form of spray apparatus most nearly meets the requirements. We do occasionally find those individuals in whom,

from different causes, we are unable to direct an ordinary spray to the part we desire to reach; especially is this so of the pharyngeal vault. This condition of affairs may be the result of a naturally narrow pharynx, or from extensive thickening of the posterior pillars and velum palati, with the accompanying irritation and exaggerated sensibility. Such a condition will frequently give us much annoyance in our attempts to reach the naso-pharynx with a spray, the first contact of which produces a muscular spasm of the pharyngeal muscles, which precludes the possibility of reaching the part in that way until relaxation again occurs. This can in most cases be overcome after repeated trials, but we usually find where there is excessive irritation of the pharynx this annoying feature continues, and in order to reach the vault we must resort to other means. In some cases, a spray of cocaine relieves the irritation, and no further trouble is experienced from that cause. But if there be any further difficulty, it may be best to use a palate retractor; and for this purpose, the less cumbersome the instrument the more desirable. These can be easily made from a piece of No. 20 wire, making a loop at one end, and twisting the wire at the other for a handle; then by bending the loop it may be made applicable to any case. The curved loop of this instrument should be quickly introduced and the velum drawn down, when the application may be easily and satisfactorily made. The retractor is much better tolerated after using cocaine.

In many cases of naso-pharyngeal diseases where the mucus is tenacious and adheres firmly, the spray will not answer the purpose, and for these cases it is frequently necessary to use some sort of a brush or swab. I always prefer a piece of absorbent cotton wrapped upon the end of a bent probe, or, which answers the purpose admirably, a small uterine curette; the loop or expanded extremity of this gives a broader surface, and when wrapped with cotton is absolutely free from danger.

The camel's hair brush I abhor, first, because you are liable to leave a hair in the pharynx, second, because it is utterly impossible to keep it clean, and lastly, because the cotton answers every purpose better, and is more convenient.

In making a selection of the spray apparatus, it may be well to consider the points, as follows, *i. e.*, durability, suitability for fluids of various densities, direction points and simplicity, and upon this latter point depends much of our ability to keep the instrument clean. Of all the disgusting things, the worst is to put into a patient's mouth an instrument begrimed with saliva and mucus either inside or out. After using quite a variety of these instruments, I believe there is nothing which better fills every requirement than the DeVilbiss spray tube. This will carry any kind of a fluid, or may be used with ordinary vaseline. It is easily kept clean, requiring as little care as any of the other instruments. It may be used with the ordinary bulb attachment, or by fitting with a cut-off can be used with the compressed air tank. If used with the bulb, it should be separated and the bulb compressed a few times after using, otherwise you are likely to find plenty of filth between the tube and rubber where the attachment is made. The spray point should be taken out occasionally and cleaned, and should always be well washed after using.

The Acme atomizer, made by Leslie & Co., is another good instrument, and a most convenient one for your patients' use, and is best adapted for using albolene or vaseline. Each of us will, however, have his own choice as to the best and most convenient form of instrument for his own use.

Now as to the medicaments to use. The list is a large one, and the selection of remedies must be as carefully made as for any other acute or chronic illness. There are some general points which we may consider, and which may be observed as a rule in a majority of cases. We may select a base or solvent for the various medical agents which will answer a general purpose. To answer best our requirements, the agent which is selected for this purpose should be non-irritant; it should be neutral in reaction; it should have sufficient density to make a fine

spray, and should be of such a nature that it will remain for a considerable period in contact with the membrane.

I can find no agent which is so generally applicable for this purpose as albolene or vaseline. These agents are oily, and have sufficient density to make a fine nebular spray. They remain in contact with the membrane for a long time, serving both to protect it from the irritation of the air and for bringing the active medical agents in more direct contact with the seat of trouble. There is something of importance in this fact, for the absorbing properties of a membrane which is continually bathed in mucus poured out from its own follicles, or one which is abnormally dry from a lack of the natural secretion, is very limited, and it is necessary for us to apply our remedies in such a form as to best prevent their being washed off by the mucus in the one case, and to render the membrane soft and pliable in the other.

In my judgment, this requirement is best fulfilled by some of the petroleum ointments. Of these, I think the vaseline or petrolatum ointment much the best of the list, except in point of convenience. For the sake of convenience, I prefer the preparation known as albolene, which answers nearly every purpose equally as well as the other preparations, and does not require heating.

The list of agents for active medication may be divided, as in general therepeutics, into antiseptics, astringents and stimulants, sedatives and anesthetics.

The first point to which attention should be given in the treatment of a catarrhal inflammation is the thorough cleansing of the affected membrane, and for this purpose some alkaline solution is preferable. A very nice and effective cleansing agent, which combines both the antiseptic and alkaline properties, is a solution of boracic acid, of strength varying from one dram to six ounces, to complete saturation.

Another convenient and very satisfactory agent is listerine, in solution with water, about 1 to 4. This is fully as efficient and more convenient than the more complex mixture, and possesses both the other properties so essential to a proper cleansing agent, and moreover, can be extemporaneously made of any strength to suit the case in hand.

A more elaborate compound, and one which I frequently prescribe but seldom use in office work, is Dobell's solution, or a modification of it, composed of

℞ Sodii bicarb.....℥ i
Sodii biborat.....℥ i
Listerine.....℥ i
Glycerine.....℥ i
Aqua, q. s.....℥ v i
M.

This solution possesses some disadvantages, in that the alkaline constituents are prone to crystallize in and about the spray tubes, thus giving much inconvenience. I can see no advantage it possesses over either of the more simple solutions.

We will occasionally find that neither of these solutions will remove the adherent mucus, and that continued washing increases the irritation. In such cases, a spray of warmed vaseline or petrolatum applied and left for a few minutes will bring away all the mucus coating, and leave the membrane perfectly clean and unirritated.

After thoroughly cleansing the membrane, it is ready for such applications as may be considered best adapted for the relief of the condition existing. The class of remedies most frequently used is the antiseptic and astringent, and the essential oils meet the indication most admirably. I know of no remedy which so readily relieves the pressure and stuffy feeling which accompanies an acute nasal catarrh as a solution of menthol in albolene, ten grains to the ounce. With this may be combined eucalyptol, gaultheria, thymol or phenol, or all of them if desired. While the effect of menthol is certainly more marked than that of the latter remedies, it is also more transient, and you will, I think, usually find it best to combine it with eucalyptol or gaultheria.

Where there is much thickening of the pharyngeal wall or pillars, or occasionally for a similar condition in the nasal cavities we find that some stronger astringent measure is indicated.

Mineral astringents are as a class irri-

tants, and the effect or the grade of inflammation which follows their use may be regulated by the strength of solution employed or the activity of the particular agent.

Now in the treatment of a chronic catarrhal inflammation, there are certain conditions to overcome. There is, in the first place, an hyperplasia, not a true hypertrophy. There is an increase of the fibrous elements, and a general change in the structure of the submucous tissue. There is a new growth of connective tissue, the veins are elongated and their walls are thickened, the arteries are long and tortuous, and there is an exudation through the vessel wall of leucocytes and fibrin-producing elements of the blood, or plastic material. There may be partial or complete occlusion of the mucous follicles if there is active production of new epithelial cells. The exfoliated cells, the partially formed new cells, and the leucocytes, with the lack of fluid serum, which is the natural diluting agent of the mucous secretion, give to the discharge its purulent, thick and tenacious character. There is a dimunition and not an excess of secretion poured out from the mucous membrane involved. There is an apparent excess, for the very reason that by a deficiency of the diluting agent, its density makes it apparent.

The indications to be met are, first, to constrict the blood vessels, increase the activity of the blood current, and by this means increase the amount of fluid serum poured out, or in other words, restore to the circulatory system of the membrane its normal vascular tone. If, then, by the use of astringents we are able to fulfill this requirement, this class of remedies is the most important factor in the successful treatment of chronic nasal catarrh. The very activity of such an agent, and the effect it produces, should suggest, however, that there is a limit to its usefulness. There may be advantage at times and in certain cases by the use of active astringent agents, in setting up an acute inflammatory process, the result of which, if properly controlled, may be to absorb part of the plastic material thrown out by the chronic process. A continuation of such treatment, however, must necessarily result in an exaggeration of the former condition.

In the use of astringents, it is best to watch their effect, and be guided thereby. If under their use the discharge becomes thin and clear and loses its tenacious character, we may be convinced of the success of the treatment.

Of this class of remedies, a selection should be made, according to relative strengths, and the effects upon each individual case.

Zinc in some form answers very nicely in many cases, usually best in a weak solution, seldom more than two grains to the ounce of water or albolene. Alum, five grains to the ounce, either in combination with zinc or alone is also a valuable agent.

In many cases, I find nothing which seems to answer the purpose so well as iodine, using from one to two grains of the crystals dissolved in vaseline or albolene. A preparation containing several of the more active astringents, and recommended by Dr. Lefferts, has many points of merit, and is preferable to any of the simple solutions for general use.

The formula is as follows:

℞ Iodin. crystals.....grs. iv
Potass. iodid.....
Zinci iodid..... aa grs. xx
Zinci sulphocarb.....grs. xx
Listerine.....ʒ i
Aquæ, ad.....ʒ iv

These stronger astringent remedies should be applied at intervals of from three days to one week, and the effect carefully noted.

Powdered insufflations I have found to be of much value in some cases. In the atrophic form of rhinitis, I frequently use with the best of results a mixture of ext. eucalyptus and starch, one to four. This mixture has also done excellent service for me in the ulcerative pharyngitis of syphilitic origin. Many other powder mixtures are recommended by various rhinologists, containing camphor, opium, cocaine and other agents, which doubtless all have special merits and are applicable to selected cases, but as a

rule, I think a more satisfactory application of any remedy can be made in solution than in powdered form.

In regard to the use of cocaine, I believe we must all acknowledge that its use far exceeds the indication. A valuable agent when rightly and judiciously applied, but one which when used promiscuously is capable of giving much trouble. Some cases of cocaine habit have been reported as occurring from the use of the drug in the nose. Whether the reports be true or not, I am sure the nose may become so habituated to it that the relaxation following its use is much worse than the trouble we attempt to relieve, and some time may be required to restore the vascular tone. I think we should very seldom prescribe for a patient's continued use any preparation containing cocaine.

Where there is sufficient thickening of the turbinates to produce stenosis of either side, it is usually necessary to resort to some destructive agent. When I say thickening, I do not mean an occlusion caused by the usual swelling of an acute catarrh or the early stage of the chronic condition, but a true hyperplasia which neither yields upon pressure nor by the use of cocaine. Even though the thickening is not enough to cause complete stenosis, there is usually sufficient swelling present to produce this condition. We will leave out of this discussion the use of knife, saw and chisel, and confine our attention to those caustic agents which are more frequently used, and more properly come under the head of the subject. These may for convenience be classed as chemical and mechanical, or actual caustic agents. Under the latter class, we will refer only to the galvano cautery, which at the present day is the most used and most popular of all instruments in the treatment of nasal disease. I need not waste time by referring to its many points of convenience, for of these you are all well aware. The propriety of its use, the limit of its usefulness, and the innocence or danger of its results, are points, I am sure, upon which there may be a difference of opinion. There is no agent which exceeds in importance to the rhinologist the galvano cautery; but we should restrict its use to those cases where we are sure there is actual thickening of the diseased tissue, and even here we should limit its application to the real indication. Now what are the indications? From previous study of the condition present, we must say it is not the great destruction of tissue. This would give a free opening, it is true, but it would not restore the membrane to its normal condition. On the other hand, by deep and destructive attacks with the cautery will be produced extensive inflammation, extensive sloughing, large cicatrices, and, in fact, the same condition to be found in the later stages of atrophic catarrh. As a result, the mucous membrane and its secretion will be in a worse condition than it was before. If the cautery be applied upon the same principle and with the same object in view as the astringents, much good may be accomplished. If it be applied without reason and with no idea but destruction, much harm may be done. As stated above, the objects to be accomplished are the constriction of the blood vessels and the increase of fluid serum. By the use of cocaine, the swelling of the tissues may be reduced; then by applying the cautery cause a superficial slough, which by its contraction produces sufficient pressure upon the vessels to deplete the overcharged tissue, and give them time to regain their vascular tone.

The practice which has gained much favor with the rhinologists of to-day, of burning deeply every case which presents enlarged or swollen turbinates, without regard to the extent of inflammatory thickening, burning, as they do, down through the submucous tissue upon the bone beneath, destroying the mucous follicles and blood vessels, setting up in the deeper tissue an inflammatory process which may not have previously existed, all for the purpose of attaching, by the cicatricial adhesion, the superficial membrane to the bone beneath, appears to be unwarranted. And I think if you will consider the condition of the adhesion formed and the extent of the destructive process with the character of the secretion following such an operation, you

will say with me, it is not only unwarranted, but unsuccessful.

The principle of cauterization is the same, whether you use the galvano cautery or the chemical agents. Of the latter, I think you will find nothing to answer the purpose better than chromic acid. This can be easily applied and is self-limiting in its action, and for this reason I think it is often much better than the galvano cautery. The acid can be readily fused upon a probe, and thus be as easily and as accurately applied to the desired spot as the electrode; it may be always at hand, and requires none of the attention required by any electrical apparatus.

A Case of Screw Worms.

BY WM. MILROY MOORE, M. D., Olathe, Kas.

CASE I. Patient, Henry Shirley, age 22 years, small of stature, and not well developed, single, laborer.

On August 6, patient was working on railroad grade near stock-yards, where a lot of cattle were penned. At noon he ate his dinner from a tin pail, after which he lay down to sleep until work hour.

On August 12, patient was taken with sneezing and severe frontal pain, also over bridge of nose and left malar bone.

August 13, blew four worms from nose.

August 14, blew three worms from nose.

August 15, blew twenty-two worms from nose.

August 16, blew thirty-two worms from nose.

I was called about 12 o'clock this night, the former physician either being discharged or deserting the case. I obtained the foregoing history from the patient and family.

He was suffering great pain. Face swollen very much; could not breathe through nose; horrible smell; temperature 101½° F.; pulse 110 per minute, but conscious and able to raise up to be examined. I washed out nose with a solution of listerine and warm water, which removed a large quantity of pus and blood, but no worms. Ordered hot applications to face, and injections to be repeated.

August 17. Used chloroform and milk, equal parts. After first using hydrogen per oxide, then washing the pus and debris off with solution of listerine and warm water. Removed forty-four worms.

August 18. Swelling less in face, but eyes worse and discharging matter. Ordered eyes washed with hot water every hour, and use of solution of boracic acid. Used chloroform and milk injection (used an atomizer) once. This proved so severe, that patient could hardly endure it, even by previous use of cocaine. I then resolved to try mercurial ointment. I mixed equal parts of mercurial ointment with vaseline, put them in an Acme vasoline atomizer, and after cleansing the nose thoroughly, threw it in with as much force and as hot as I could. This gave no pain, and brought the worms in a very short time. Got eighty-three worms this day.

August 19. Removed sixty-five worms. A large number of worms had to be pulled out of the tissue with forceps, where they were sticking fast, and dead ones that the patient failed to blow out. On account of the very bad odor, substituted a solution of liq. sodiæ chlorinatæ one part, water eight parts, as a cleansing solution, to be used every three hours.

August 20. Patient feeling better; less swelling in eyes. Removed fifty-five worms. Continued treatment, giving all the time all the good food patient would take.

August 21. Patient feeling well; headache nearly gone; eyes open and clean. Only one worm.

August 22. Still doing well. One dead worm blown from nostril. Patient has continued to do well, and on August 24, came to my office looking well.

Total number of worms being 310, which were removed in ten days. I think they were deposited in the neighborhood of the left inferior turbinated bone. The patient had been the subject of very serious nasal catarrh. The soft palate was nearly all gone, and about one-half of the septum. By passing a probe in almost any direction

you would find denuded bone. A great part of this probably existed before the present trouble came on.

When I looked up the subject for treatment, I found it almost a blank, the chloroform being about all I could find promising any good results. The mercurial ointment I did not find anywhere recommended, but if I had a case to-morrow, I would give it another trial, as I believe it is efficient.

This is the largest number of worms I see recorded as being removed and the patient recovering. Professor Vernon L. Kellogg, of Kansas State University, examined a specimen, and pronounced them to be the larvæ of the screw worm fly. (Lucilia [Campsomyia] Macellaria.)

Penetrating Gun-Shot Wound of the Chest.

BY

W. W. WILLIAMS, M. D.,

LOCAL SURGEON C. R. I. & P. R. R., UNIONVILLE, MO.

At 8 A. M. on the morning of May 19, 1890, I was called by telephone to come and see Howard Hartzell, aged 16 years, then telegraph operator at the union stock yards, Wichita, Kansas, who had shot himself through the chest a few minutes before. On my arrival, found him suffering badly from shock, and a bullet wound made by a 38 calibre revolver, about two inches from left nipple, on a line from the nipple to the lower end of the sternum, from which air and blood issued during inspiration. Pulse was very weak and fast. Drs. Jordan, Oldham and McClees arrived at this time. They thought he could last but a short time. I immediately administered a hypodermic injection of sulphate of morphia, gr. one-fourth, and sulphate of atropia, gr. one-hundredth. Surrounded body and limbs with beer bottles filled with hot water, washed off wound with bi-chloride solution, 1 to 1000, dusted with iodoform, and put on a bi-chloride dressing. Gave whisky hypodermically.

After an hour or two, he began to rally from shock. The next morning I examined him, and found the bullet had passed through the left lung and had lodged under the inferior angle of the scapula.

Assisted by Dr. W. A. Jordan, who administered chloroform, I made an incision in the back over the ball and removed it.

There was embarrassed respiration from the first, and continued until May 28. The heart was pushed to the right of sternum, and left lung pushed up by an effusion. I aspirated the chest, and drew out about one pint of blood and serum. June 4, aspirated chest again, and drew off about a quart of bloody serum. This gave only temporary relief.

June 8, administered chloroform, and made an incision in left side on a vertical line below the posterior fold of the axilla in the sixth intercostal space, and took my index finger and broke up the blood clot, and washed out the chest with a warm 1 to 8000 bi-chloride solution; washed out a small piece of clothing and some pus. This gave relief from pressure symptoms, and allowed the heart to return to its natural position.

I put in a large drainage tube, cut about two-thirds off, and doubled on itself. A rubber shield was then slipped over the ends of the tubes, which were held in place by safety pins resting on the shield, held in place by strips of adhesive plaster. The tubes just reached through the walls of the chest. A handful of loose gauze, wrung out of a bi-chloride solution, was placed around and over the ends of the tubes; over this a piece of rubber tissue, then dry bi-chloride gauze, and over this cotton batting, held in place by gauze bandages.

The chest was irrigated twice a day with liquor sodæ chlorinatæ (Labarraque's solution), from one to fifteen to twenty parts of water, until July 1. Every few days would bring away pieces of lung that had sloughed off. Wound was washed out once a day during July. Antiseptic precautions were used throughout the case by disinfection of hands, instruments and locality for operations.

His stomach was in such a condition he could not take anything into it for a week

but small pieces of ice. Kept him alive on enemas of peptonized beef and milk.

There was no hemorrhage after removal of clot. Kept him on a rubber bed filled with air. He lost a great deal of flesh, and was so weak the first six weeks that he had to be turned in bed. His temperature was never over 101½° F., which I think was due to drainage and flushing of the chest.

Examination Sept. 17, 1890. Has been at work since August 25, at his old place. Has some depression of ribs on left side of chest, but is well and has no other trouble.

Received a letter from patient July 27, 1891. He is well, and says he never feels any effects from his injury. He is employed at the Western Union telegraph office, No. 10 West 5th st., Kansas City, Mo.

Report of a Case of Extra-Uterine Pregnancy, and Operation.

BY

C. F. LITTLE, M. D., Manhattan, Kas.,

AND

J. C. McCLINTOCK, A. M., M. D., Topeka, Kas.

HISTORY OF THE CASE, BY DR. LITTLE.

MRS. ——, an active and strong woman, weight 135 pounds; age 30 years, of healthy American parentage, born within twenty rods of present residence; parents and family known to writer twenty-five years; free from constitutional taint or predisposition to disease.

She menstruated at thirteen years of age, and from that time until pregnancy "was always regular and well; never had an ache or a pain." Never had leucorrhea or other evidence of disease of pelvic organs, either before or since marriage, Feb. 11, 1885.

Supposes she had an abortion at end of second month in early part of 1887, cause unknown, unless incidental to moving into new residence.

She was attended by me in first confinement, July 18, 1888. Labor easy, normal, and recovery uneventful and complete. Child healthy, male, living.

Was called at 6 P. M. Feb. 20, 1891, in haste, and found patient in great pain, which commenced suddenly in lower right part of abdomen, and rapidly spread over that cavity. There was nausea and repeated vomiting, great abdominal tenderness from umbilicus to pelvis; skin cold and pale; pulse 80 per minute, small. The pain was peculiar in that while severe and continuous, there were exacerbations suggestive of miscarriage.

There was great jactitation; said she could "neither move nor keep still." There was no vaginal discharge. Was told she had a slight attack of the same nature a few days previously, which subsided without treatment.

She had passed her regular menstrual period six days without show; said uterus was rather low, and thought she had "taken cold;" knew of no cause for pain.

I administered ⅓ of a grain of morphine sulphate hypodermically, which soon relieved the severe symptoms.

At 9 P. M. patient comfortable, abdomen tender, no fever. Vaginal examination disclosed uterus quite low, somewhat large and soft for one not pregnant; no vaginal discharge; nothing else noted.

21st. Comfortable. Had her take knee-chest position, and I elevated uterus readily to proper position.

22d. She was about the house; abdomen still somewhat tender.

26th. Again called for; pain and all the symptoms of the 20th, only not so severe. No show. Gave same treatment, followed by prompt relief. Advised quiet, care and rest, and heard no more of case until Feb. 2, when I was called, and found patient in same condition as on previous attacks. Was informed "courses came on two days since."

After relief of pain, I made a careful bimanual examination of pelvic organs, and discovered to the right of the uterus, and a short distance from it, a tumor, round in outline, a trifle tender, and not larger than a walnut.

Gave the opinion there was "something out of the usual way." Advised rest and quiet, and that I be called promptly if anything was wrong.

After a few days I saw patient on the street, and on the 14th overtook her and learned that she had some soreness of abdomen, and that there had been a continuous vaginal discharge of blood since the 2d inst. Urged upon patient the importance of keeping quiet.

Feb. 16. Again called in haste to find same symptoms, followed by speedy relief by morphine and rest. Insisted on her remaining in bed until she had my permission to get up.

Feb. 18. Examination of pelvic organs: In place of the small tumor, there was one, not soft nor very hard, without fluctuation, extending from right side of uterus along the broad ligament. It appeared to be about two by three inches, and was tender. Uterus rather large and soft, its cavity three inches deep, and larger than normal at fundus, and the direction of sound indicated that its body inclined to the left. She gave an uncertain history of discharge of some small shreds of decidua, none of which had been shown to me as had been requested.

I gave the opinion that her case was extra-uterine (tubal) pregnancy, with rupture of sac, and insisted on counsel in the case.

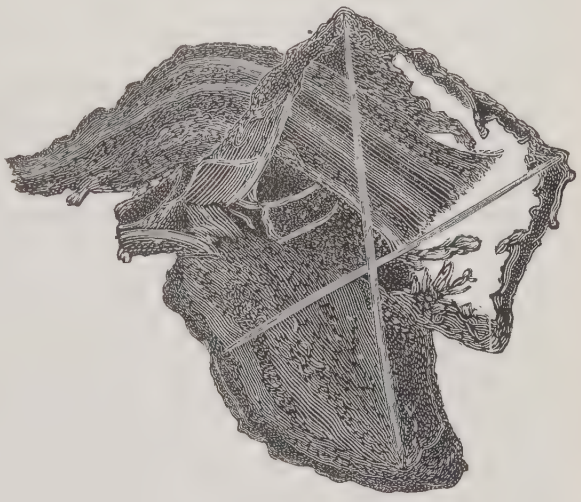
NOTES ON OPERATION, BY DR. MCCLINTOCK.

From the history given by Dr. Little, and the examination of the patient, I freely concurred in the doctor's diagnosis of the case—an ectopic pregnancy in the right ovarian region, with a probable rupture of the tube. I accordingly advised an early operation, to which I did not gain immediate consent, as the family desired the opinion of Dr. Crowell, of Kansas City, who arrived the next day and insisted upon an immediate operation.

I was then summoned by telegraph, and on my arrival found that all preparations, which I had directed on the previous day, had been strictly carried out, and that everything was in perfect readiness for the operation, which was performed within an hour.

An incision about three inches in length was made in the linea alba midway between the umbilicus and the pubes. Two fingers were then passed in. The pelvis was found partially filled with a tarry fluid and some blood-clots; the uterus was somewhat enlarged, and the right side of the pelvis was filled with a mass, which I enucleated with the fingers and delivered. This mass proved to be a blood-clot containing the membranes of the ovum.

The right tube and ovary were then separated as an adhesive mass, and with some blood delivered. The pedicle was transfixed and tied with ordinary silk ligature, and removed.



Cut, showing tube and ovary, with the membranes form-the sac held open.

A tubal pregnancy was then easily demonstrated, and on closer examination it was found that the fimbriated extremity of the tube had first ruptured, thus converting the tubal into a tubo-ovarian pregnancy.

No further hemorrhage took place during the operation. The abdomen was thoroughly washed out with warm sterilized water, great care being taken that no blood should remain in the abdomen and pelvis. A drainage tube was inserted, and the abdomen closed with silk-worm sutures. A very little serum was delivered through the tube, and it was removed in the night.

The operation was followed by vomiting, which became uncontrollable, and so continued for thirty hours, until the bowels were freely moved by the administration of cal-

omel and an enema of epsom salts and glycerine. The vomiting then subsided, and the patient convalesced very rapidly, and is now free from pain and attends to her usual duties and pleasures.

State Medical Society.

(Continued from page 334.)

SECTION ON GYNECOLOGY.

Section on gynecology convened at 7:30 P. M. Thursday, May 14, president M. B. Ward, of Topeka, in the chair; Jeffrey Martin, of Marion, acting as secretary *pro tem.*

The president read a most excellent and suggestive address. Said he, "To be progressive, we must be ever ready to learn to forget."

He made a few brief observations regarding gynecological surgery. Spoke of the importance of the operation for the removal of uterine appendages.

He also spoke of the non-surgical diseases of these appendages; also of Alexander's operation, trachelorrhaphy, ectopic pregnancy; that this latter was not so uncommon as was generally supposed; that electricity was falling into disuse to relieve this condition. Vaginal hysterectomy was highly spoken of. Attention was called to super-pubic hysterectomy as giving favorable results where indicated.

He also called attention to the modern and successful surgical method of treating pelvic peritonitis by abdominal section, washing, drainage, and the use of salines.

The regular program was then taken up. The first paper was by Dr. T. J. Beattie, of Kansas City, on "Management of Uterine Displacements." The doctor spoke of the discouragement to physician and patient alike of displacements when unsuccessfully treated, and how satisfactory when proper treatment was instituted. In the management of displacements generally, he spoke of the importance of ascertaining the cause of these troubles, and then of making a thorough examination. This was indispensable. Unless in cases of injury, these cases usually come on insiduously, said he, and then gave a very interesting description of the pathological process of the organs and tissues implicated.

The necessary local treatment, essential to reduce the enlargement of the uterus in order to permanently restore this organ. He spoke of the various pessaries used, condemning, and very justly, some of them on the one hand, and commending others on the other hand. In conclusion, Alexander's operation was spoken of as the operation to perform in certain cases.

The discussion of the paper was opened by Dr. J. C. McClintock, of Topeka, who spoke of the similarity of the treatment suggested to that advocated years ago by such authors as Thomas, Emmet, etc.

Dr. Crowel, of Kansas City, spoke of the importance of beginning treatment early; immediately after parturition, when displacements occur, dependent upon labor and the accompanying traumatism.

The president observed that he had yet to see a case of retro-flexion that had been cured by use of pessaries, and while he would not condemn certain lines of treatment suggested, yet would discourage unnecessary and useless methods of treatment, which he would regard as nothing more nor less than mere tinkering.

Dr. Beattie in closing discussion defended the use of local treatments in certain cases, for these stimulating applications are alterative, hence helpful in reducing the size of the organ. He remarked that hysterectomy was doubtless the only method of relief in some cases, but that the operation, in his opinion, was often unjustifiably performed.

By unanimous vote the paper was received by the Society.

Dr. J. E. Oldham then read a paper on "Restoration and Repair of the Perineum." Said the doctor, "Most authors describe very elaborately the male perineum, but regretted the female perineum had not received an adequate description." He thought that the physicians who say that they scarcely ever met with rupture of this structure have had a very different expe-

rience with that which he had met with. The various causes of rupture, both predisposing and efficient, were enumerated.

The dangers following rupture were then named, chief among which was septicæmia. The results of this injury are liable to be displacements of the uterus and bladder, utero-vaginal involution, and the various neuroses, reflexly exerting an unfavorable influence upon the digestive organs. Regarding the measures for the relief of the rupture, he stated that it was not until within the last decade that the operation as at present performed received any favor. That perineorrhapy was now so generally performed and successful was due to antisepsis and asepsis.

He then described the operation which he practiced. It was that recommended by Dr. Halloway, of Canada, in which it was recommended that it be performed as soon after the occurrence of the injury as possible, but not during the condition of shock. Technique of the operation was then given, with the subsequent treatment.

Certain suggestions were offered, among which were that after confinement an examination should always be made, and that the operation should not be performed during the existence of inflammation of the generative organs.

Dr. P. Daugherty, of Junction City, opened the discussion, stating that damage results to the perineum in about one in every five or six cases of parturition.

Dr. A. A. Crowel, Dr. L. C. Lyman, and Dr. Day each asked questions regarding the operation.

Dr. A. H. Cordier, of McPherson, gave his experience relative to one or two operations which he had performed.

Dr. Nannie Stevens, of Wichita, and Dr. Crowel, of Kansas City, each spoke briefly concerning the paper, the latter speaking highly of Tait's operation for the repair of the torn body as being the most successful of all the operations recommended.

By vote of the Society the paper was received.

Dr. J. C. McClintock, of Topeka, then read a paper on "Ectopic Pregnancy," with report of a case, which proved to be one of great interest, and the case reported by the doctor was one of tubo-ovarian. An operation was performed by him, which proved entirely successful.

Dr. A. H. Fabrique, of Wichita, complimented the doctor on his success.

The paper was, by unanimous vote, received by the Society.

The section now proceeded to the election of officers for the ensuing year. Dr. L. J. Lyman, of Manhattan, was elected chairman, and Dr. Jeffrey Martin, of Marion, for secretary.

It being 10:30 P. M., the section adjourned, to meet at the call of the president.

Upon the call of the president, the section on gynecology reconvened May 15, at 2:30 P. M. The first paper was one on "Vaginal Hysterectomy," by Dr. E. E. Montgomery, of Philadelphia. As the doctor was not present, the secretary read the paper.

Dr. McCullough, of Independence, opened the discussion by stating that twelve years ago he had antiseptically performed the operation, the patient making a good recovery in three weeks, and has remained well ever since. The case was a malignant one. In his judgment the recommendation of Prof. Montgomery ought to be urged upon every physician in all cases of malignant disease, and should be performed early.

Dr. Herr observed that the difficulty in the way of operating early was the fact that patients usually did not present themselves for examination sufficiently early, and that the nature of the trouble was not usually diagnosed before the involvement of the contiguous structures.

Dr. St. John reported a case operated upon successfully in a patient with malignant disease, and who now is in perfect health.

Dr. Hoover also reported the case of a patient with cancer of the uterus that was operated upon about one year ago. In this case, there was a reappearance of malignancy within the pelvis, and the patient has recently died.

Dr. Leggit emphasized the importance of

the use of the microscope, and then when the nature of the disease was thus early diagnosed, he thought that the surgeon should have the courage of his convictions, and operate.

Dr. Cordier suggested that during the coming year injections of pyoctanin, a strength of one part of the drug to three hundred of water, and of this two drams be employed by injecting it into various places in the growth once or twice a week, until it is completely colored, and a surgical necrosis occurs.

Dr. Potter instanced a case of suspected uterine cancer, in whom, under appropriate treatment, great improvement has taken place. He asked was it possible that this was a case of cancer.

Dr. Daugherty also reported his experience with a case of this nature.

Dr. M. B. Ward complimented the author of the paper, and stated that he was a courageous, honest and painstaking man and skillful operator, who had simplified vaginal hysterectomy and so conferred a great blessing upon the profession, and also upon an unfortunate and almost hopeless class of sufferers.

Upon motion the paper was received by the Society.

The next paper read was one by Dr. P. Daugherty, of Junction City, on "Granulations of the Os." After giving the anatomy of the uterus and cervix, the causes and physical signs were enumerated, as were the symptoms and results. He stated that the prognosis was favorable if the right method of treatment be instituted and the patient follows the physician's directions.

Concernimg treatment, the pathogenetic micro-organism theory must not be forgotten; and he expressed the belief that the time was not far distant when the removal of the diseased mucous membrane, together with the transplantation of healthy mucous membrane, would become the successful treatment for this condition; but until this time arrived, the local treatment as employed by him was given, which was certainly rational and modern.

Dr. Haskins inquired how long it required to complete a cure, and received the answer from the essayist that it usually required from three to six weeks, and a short or long period of time in proportion as patient was controllable.

Dr. McCullough, of Independence, also made some remarks.

Upon motion the paper was received by the Society.

The president then thanked the Society for the high order of the papers read before this section, and for the very marked attention each member had paid during the proceedings.

Adjourned.

M. B. WARD, M. D.,
President.

JEFFREY MARTIN, M. D.,
Secretary pro tem.

GENERAL SESSION.

2 P. M.—On motion, the report of the nominating committee, so far as relates to the place of the next annual meeting, was reconsidered, and Fort Scott substituted in the place of Topeka.

On motion, Dr. J. J. Dickman was elected a member of the judicial council, which now stands as follows:

J. J. Dickman, 5 years, Fort Scott.
F. M. Dailey, 4 years, Scottsville.
J. A. Lane, 3 years, Leavenworth.
C. H. Guibor, 2 years, Topeka.
L. A. Buck, 1 year, Peabody.

On motion, Dr. Herr was appointed chairman of a committee to attend the State Pharmaceutical Association, with power to appoint two members.

A verbal report of committee on necrology was received, referring to the death of Dr. N. T. P. Robertson. A written report to be made later.

Adjourned.

W. S. LINDSAY,
Secretary.

AN analysis of the Keeley "bichloride of gold" cure for drunkenness revealed the presence of chloride of ammonium, aloin, and Huxham's tincture, but no gold.—*Times and Register.*

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:
Per annum, in advance..... $2 00
Single copies..... 25 cents
Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

DR. W. E. McVEY, PUBLISHER,
723 Kansas Avenue.

Editor-in-Chief:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
Assistants:
W. L. SCHENCK, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
Associate Editors:
W. D. BIDWELL, A.M., M.D., Washington, D.C.
W. A. PHILLIPS, M.D., Salina, Kas.
W. F. SAWHILL, M.D., Concordia, Kas.
D. F. ROGERS, M.D., Topeka, Kas.

TOPEKA, KANSAS, SEPTEMBER, 1891.

A New Chair.

A COLLEGE out in Nebraska has a chair of "Railroad Surgery." It is reasonable to expect when the town gets large enough to have street cars that this enterprising institution will establish a chair of "Street Car Surgery." With many cattle ranches and the accidents which occur to the cow boys, it is surprising that this institution, established as it is in the heart of a cattle-raising country, does not establish a chair of "Ranch Surgery."

—(*Louisville*) *Medical Progress.*

We might add to the above, that a college in Kansas also has a chair of "Railroad Surgery," and we might also suggest to our Louisville brother that if he will come to Topeka, the home of the great Santa Fe system, which of itself employs quite an army of surgeons, he might learn something of the importance of this department of professional work. He is evidently poorly acquainted with the western methods of locomotion, for if he were aware of the fact that in western cities and towns the old street car system "just like we have in Louisville" has long ago been replaced by miles of electric rapid transit railway, which seldom gives its injured victims a chance to need a surgeon, he would hardly suggest a chair of that branch.

Effects of Epilepsy.

A RECENT report of the State Hospital for the Insane, Norristown, Pa., gives the results of a study of the brains of eight epileptics, in which the following points were observed:

First, marked osteal sclerosis. Second, marked adhesions of the dura to the calvarium, especially along the line of the saggital suture. Third, in six cases there was a thin extravasation of blood in the subdural space, covering the whole hemisphere, and in two cases, it extended over both hemispheres. Fourth, in the six cases, the subpial space was distended with serum, giving an opaque appearance to the surface of the brain. Fifth, in all the cases the meningeal sinuses were filled with well-formed clots, and the smaller vessels were engorged.

A microscopical examination of one showed large multipolar cells in the motor region of the right side.

The Three-Leaf Clover.

"To what base uses are these things brought."

THE prevention of conception and criminal abortion has reached a degree of perfection that is damnable. The persuasive arguments used to convince foolish and viciously inclined females are so ingenious that the few scruples are soon banished.

We wish to refer to an instrument used and applied by an irregular physician in this city, and by reason of its real or supposed utility in the prevention of conception, has become quite popular with that class of women who desire to escape the responsibilities of maternity. The instrument is a small button made in the shape of a three-leafed clover, supporting a hollow stem, which, after being introduced into the os, springs apart, and keeps the os open. A

women with this appliance *in situ* is said to be "safe;" or if she be pregnant, this appliance soon sets her "all right."

We believe that none but ignorant or viciously inclined females will be found wearing this or any other instrument for the purpose above stated.

For the prevention of conception and criminal abortion, there is no adequate punishment provided in the statute book. It is a sad comment on the state of morals when we see women shamelessly resorting to such means, and teaching others the way that leads, to say the least, to physical death.

S. G. S.

Compressed Air in the Treatment of Nervous and Mental Diseases.

Dr. J. Leonard Coming, of New York, in the *Medical Record*, presents a system of treatment of affections of the brain and cord, in which he shows the greatly increased potency of certain remedies when administered to a patient in a condensed atmosphere. This opens a new field for the pneumatic cabinet.

Sex in Medicine.

"Two arguments, based upon Lawson Tait's exposition, at once present themselves: (1) Can unfortunate, pain-afflicted women ever occupy a sphere of unquestioned usefulness in medicine, where physical and mental rigor, fortitude and endurance are eminently requisite, and where the strong must help the weak, help them by virtue of their strength to healthier and stronger states? or, (2) Can the power of sympathy—operating from the intelligence of affliction and the possible comfort of relief, together with knowledge and discrimination, pass from a medical women to her suffering sex with a probability of extenuating their distress equally as great as would maintain under the fullness of power mentioned in the first proposition?

"Such is the question, the argument of which has been before the medical profession for some time, but the solution of which may not be said to have as yet been reached.

"This much remains clear, however, woman has yet to achieve any greatness in the ranks of medicine; and if such is to be her future portion, it must be in the direction of relief to her own sex. She must become a Lawson Tait, a Spencer Wells [why not a Sims?], a Battey, Thomas, Price; or if that be impossible under the outlines of the first great general question and the conclusions of Lawson Tait, then must she rest, in the unsought weakness of her nature, as a follower of man, and under the privilege of that sympathy which, if properly fortified, may reach, if not greatness, that degree of usefulness the medical world cannot with reason gainsay."

—*Journal American Med. Association.*

To our mind, neither of the two above deep and dark questions can be answered until the typical woman, that is, the wife and mother, shall enter the ranks of medicine. As a rule, she is better employed; and if by chance she be deprived of her natural support, she is too much handicapped by maternity and poverty to begin life in a great profession. Against that large and daily increasing class of involuntary spinsters, which the worthlessness of man and the pinch of poverty have forced to seek support out of the proper sphere of woman, no great profession will bar the door. Among these may be found a few who will follow science with masculine force, enthusiasm and success, but the majority must ever be unsexed, discontented and unsuccessful anomalies, whose only hope for usefulness and happiness is in marriage and its consequences.

—*The American Practitioner and News.*

Man has had things pretty much his own way since he was hustled out of Eden for saying "The woman thou gavest to be with me, she gave me of the tree, and I did eat." And while he has often strode forward, like the lordly red-man, armed with bow and arrow, while she has meekly followed as his pack-mule, bearing on her shoulders his babies and his household goods, during all the ages he has not failed to tell her "In travail you shall bring forth children."

You are "built that way." Excessive suffering is incident to your organization. The Maker saw you was going to fool Adam, and so provided in advance for your punishment.

If man can't do better than charge the Creator with cruelty in creating woman, and woman with created inferiority, if he still persists in maintaining his lordship, it is time woman was educated in the knowledge of her own organization, that through preventive measures she may enjoy the health and vigor that belong to mankind, and especially to that sex through whose health and development springs largely the vigor of the race.

PAUL PAQUIN, in an article on sterilized milk as infant food (*Medical Mirror*), says:

"For a very young child, there is as yet no absolute substitute found for healthful human milk so far as its digestibility in a human stomach is concerned. The nearest to it is cow's milk, though many pretentious opinions have been given on the subject which tend to depreciate its value as infant food.

"In comparing the composition of cow's milk and of human milk we find (in taking Doyere's analysis as the average of a number of analyses of authoritative experts) the following elements and proportions:

	Water.	Butter.	Casein.	Albumen.	Sugar.	Salts.
Woman.....	87.38	3.80	0.34	1.30	7.00	0.18
Cow.....	87.60	2.20	3.00	1.20	4.70	0.70

"We see that the average cow's milk contains 2.66 per cent. more casein than the human milk, 1.60 per cent. less butter, 2.30 per cent. less sugar. The other differences of composition are comparatively unimportant.

. . . . . .

"Thus we have three grave objections to a true substitution in every particular of cow's milk for human milk: First, the differences in the constitution; second, the differences between natural and artificially warmed milk; third, the differences between a milk free from the contamination of ferment organisms and that of the milk wherein they may exist or may have existed and caused transformations. It would seem then that it were a simple thing to efface most of these differences, and bring cow's milk very close to the composition and nature of human milk. Not so, however. What in theory appears feasible is practically beyond perfection with our present means and knowledge.

"Still we may effect some intensely useful and practical corrections, bringing the two kinds of milk very close in their physiological effects on the system of the infant; so much so indeed, that by the use of improved cow's milk in foundling asylums, where the tender innocents generated by heartless sensuality, thrown to the mercy of selfish and cruel humanity, never know the loving care of a mother, and where the ratio of death was from 75 per cent. to the appalling number of 100 per cent. in summer, the death rate has been reduced to 25 per cent. These figures were given by physicians in charge of such institutions in large eastern cities. Now how are we to effect these changes and save the babies in the homes and asylums? Let us examine into the problem.

"First as to the constitution: Here we should add fat, extract casein, and add sugar. Unfortunately, it seems at this date that the best we can do is to add a little water and sugar, and trust to nature to become competent to digest cow's milk, after gradual preparation of the infant's stomach and sterilization of the milk.

"Second as to the warmth: Milk just from the breast or the udder seems to have a vital property not well determined. The fresh, warm product of living cells is, we would infer, a nourishment containing vital energies to be found nowhere else in nature. As it flows from the breast of a healthy mother into the infant's stomach, it passes directly from life to life without any interference or influence playing on its nature.

"Now what occurs in cow's milk warmed artificially? If it does contain a vital principle, the cooling process and the heating again between the periods of milking and the periods of feeding doubtless devitalize it, if I may so speak, particularly if a high temperature is used. I must admit, how-

ever, that this conclusion is theoretical, and inferred from physiological laws."

There seems to be a general concensus of opinion that cow's milk, in whatever form, does not take the place of mother's milk. As to sterilization, we may say that from a standpoint of perfection in infant nourishment sterilized cow's milk is hardly what we could wish; but, on the other hand, when we compare the results obtained since its introduction with the fatality attending the former methods of feeding, we may safely conclude that it is one of the great improvements of the age. And so far as our experience goes, the little ones placed upon the sterilized milk food, if properly mixed and prepared, have never reached the starvation period.

IN a recent article on cremation *versus* burial, Dr. Hall speaks of the gradual abandonment of the prejudices formerly entertained, and after contrasting the cleanly incineration of the body and its reduction to an inoffensive little vase full of ashes with the loathsome crumbling coffin and the destruction by worms, he suggests that those who wish to preserve something more harmonious and expressive of the devoted one might save the skull.

"How much more expressive as a reminder of bygone associations would be the actual skull of the loved one — white, polished, and pure as ivory itself, prepared to rest on one's table or mantel as an ever-present reminder that in this beautiful castle of the brain and soul once resided the real friend whose name, age, date of death, etc., could be indelibly engraven upon this monument of such real signification."

If the photograph of the living presence of the loved and lost can appropriately be retained and gazed upon as a momento of bygone affection, how much more so the actual seat of the soul?

The duty of preparing these momentoes could be entrusted to the same responsible department that has charge of the incineration of the body. And only a single day need elapse after that ceremony until the osseous seat of the soul and intellect is returned to its late abode to receive a sorrowful but gladsome welcome from those who but yesterday were so dearly cherished.

As an outcome of such a custom, an academy of skulls might be formed, containing the skulls of men eminent in the arts and sciences.

At first glance, such an idea as this seems very startling, but purge the human heart of its irrational prejudices, and look upon the disposal of the dead and the preservation of their memories as a problem by itself, irrespective of the customs and practices heretofore in vogue, and Dr. Hall's suggestion is seen to be entitled to thoughtful consideration, to say the least.

SOME interesting facts are shown by the weather observations for June, July and August.

June, 1891, and June, 1876, lead all other Junes in the past twenty-three years in inches of rain and percentage of cloudiness.

June, 1891, was the coolest June since 1886, and only three Junes have been cooler in the period named.

The entire rain-fall of the first half of 1891, completed with June, was 28.94 inches, being 11.81 inches above the average for the same months in the preceding twenty-three years.

JULY.— The coolest July in twenty-four years; rained eleven days, and only three entirely clear days in the month.

AUGUST.— Little rain-fall, but high relative humidity, being exceeded by only four Augusts in preceding twenty-three years. Number of clear days, eighteen; no fogs. Rainfall in the eight months now completed, 36.52 inches, being 12.13 inches above average of same months in twenty-three years.

THE people of the state are to be congratulated upon the remarkable state of the public health. No epidemic of contagious or infectious disease within its borders, save the outbreak of diptheria at Wichita, which, although persistent, is admirably kept within bounds, and must soon be stamped out.

We have reports from seventy counties in the state, and they are as one in recording an unusual freedom from disease. With every element and condition favorable to sickness furnished by the unusually heavy and long continued rains, with intervals of excessive temperature, and the absence in many parts of effective drainage, this immunity is the more remarkable.

A cursory examination of these reports discloses some interesting facts.

Dr. J. N. Slown, of Syracuse, Hamilton county, states that no case of tuberculosis has ever been acquired or started in the county, while quite a number of such cases have been cured, or at least bettered by a residence there.

In like manner it is stated that asthmatic sufferers find a relief there which they can obtain no where else.

Dr. J. W. Robb, of Russell, Russell county, thinks his county should be declared a health resort, especially for malarial and pulmonary diseases.

Good health and idle physicians is the complaint of Dr. A. W. McKinney, of Hutchinson, Reno county.

Dr. C. L. Ebnother, of Hugoton, Stevens county, a locality brought into unfortunate prominence recently, writes that his county is distressingly healthy, and so on.

IT seems almost useless to continually harp upon the fact that doctors are poor collectors, but it does seem to us that with the present fair prospects, we should all make an extra effort to collect what we have earned. If doctors would refuse to attend the sick without a proper cash fee, though it would at first seem a hardship, people would soon get accustomed to it, and expect and make preparations for the doctor as for the grocer. Is it any more just that a physician should give his services than that a grocer give provisions.

LIFE insurance companies would find it more profitable if a larger fee was paid to each examining surgeon, and at the same time demand of him a more rigid examination of the applicant.

LITTLE THINGS.

THE mosquito, like the doctor, now presents his unwelcome bill.

EXTIRPATION of the pancreas in animals will produce diabetes mellitus.

THE burglar who enters your dwelling at night takes his life in his hands.

SALT, freely and plentifully eaten, is said to be a preventive of germ diseases.

THE sale of tuberculinum Kochi is forbidden in Munich, a province of Germany.

EIGHT trained nurses were graduated at the Allegheny General Hospital last month.

MYOPIA gradually increases from the lower to the higher classes in schools in number and degree of severity.

DR. Cazier, in a future number of the JOURNAL, will have an answer to Mr. Gleed's September article.

SEVEN to nine hours sleep daily is the amount required by the average individual—less than that brings on fatigue.

THE Minnesota State Board of Medical Examiners have unearthed a diploma mill in Canada, forged upon the Victoria College.

YE editor and family spent a two weeks outing in September, fishing and hunting, and enjoying the festivities and pleasures of real camp life.

DR. DACOSTA reports some cases of gastric ulcer cured by a diet of ice cream. From one to three quarts were eaten during the twenty-four hours.

A FIRM composed of three partners replying to a letter of inquiry several days after its receipt, wrote "We apologize for our delay, as one of us is dead."

GRAPHIC description of our rival: "His face, nose and breath are suggestive of one who seeketh gilded hells and the company of the ungodly. He smells of rum."

DR. M. O'BRIEN, Secretary State Board of Health, reports diphtheria at Wichita during the past month, and sporadic cases in some thirty counties of the state.

DR. S. E. SHELDON and lady spent two weeks in September at Wagon Wheel Gap, Colorado, enjoying a season of rest. Such trips are times of refreshing to the busy practitioner.

WHAT was the calibre of the urethra?

A Buchanan doctor (?) writing a report of a case of retention of urine stated that he "succeeded in introducing a cathedral and drawing off the water."

PROF. BACTERIA.—"Does not the poet in his inspiration speak of the germs of immortality?"

"Yes; but if he meant pathogenic microbes he certainly had microphobia."

DR. OUCHTERLONY, of Louisville, has presented to the Catholic University at Washington, D. C., a large and valuable archæological collection illustrating the prehistoric antiquities of the Mississippi valley.

IT is claimed that Americans are the greatest meat eaters in the world, averaging 175 pounds a year; the English 110 pounds; the French 55 pounds. It is probably because they have it to eat and the other nations cannot afford it.

DR. S. G. STEWART returned from a months vacation in the east, visiting Detroit and central Ohio, enjoying the sights of the old, old homestead. The doctor comes back invigorated, looking well and hearty, and in good trim for a hard winter's work.

THE International American Medical Congress will meet in St. Louis, Mo., October 17, 1891.

The Mississippi Valley Medical Association will meet at the same place October 14. One trip will take in both meetings. It is hoped that Kansas will send a good delegation.

KANSAS MEDICAL COLLEGE.—The second annual session of this school began Sept. 15, 1891, with public exercises in the First Congregational church. At the present, Sept. 22, 1891, thirty students have matriculated. The teachers should feel that their efforts are appreciated by the increased attendance, and the school is an assured success.

ONE of the objections to the use of aristol has been the difficulty in making a solution of it. For a spray in diseases of the nasal passages, it can be dissolved in almond oil, in the proportion of thirty or forty grains to the ounce, and then added to liquid petrolatum and scented with oil of wintergreen. One ounce of benzoinal will dissolve one hundred grains of aristol.

STATE BOARD OF EXAMINERS.—"Of what college are you a graduate?"

CANDIDATE.—"Of none. I thank God my intellect was never warped by college training."

BOARD.—"Then you thank God for your ignorance?"

CANDIDATE.—"You can put it that way if you choose."

BOARD.—"Yes, and we find you have a great deal for which to be thankful."

DR. M. B. WARD, our genial gynecologist, is in New York city attending the American Association of Obstetricians and Gynecologists, of which he is a member. The doctor reads a paper before the association on the present status of gynecology, which see in this number of the JOURNAL. It is well worthy your perusal. Mrs. Ward accompanies him. It is to be hoped that correspondent Gath will overtake the doctor somewhere and get a real shaking-up from a genuine western doctor.

M. W. VIGNAL has found, from a series of experiments which he has made from some bouillon cultivations of bacillus mesentericus vulgatus, that up to a certain degree the nutrient media exert a definite influence on the quantity of the excretory products secreted by this bacillus. This influence made itself appreciable to a slight degree on the addition of a sugar or starchy material, and to a significant extent on the addition of casein. The excretory products always quickly disappeared from the cultivation fluids.—*Bacteriological World.*

DR. HARRY SMITH, of Columbus, Ks., came to the city a few days ago. The doctor holds a position in the Kansas Medical College as Demonstrator of Anatomy.

Golden Belt Medical Society.

The regular quarterly meeting of the "Golden Belt Medical Society" will be held in the City Hall, Abilene, Kansas, October 8, 1891.

At our last meeting in Junction City the Society unanimously passed the following resolution, viz.:

"That the by-laws be so changed that the Society shall be the Golden Belt Medical Society, and the active membership may consist of physicians within the state instead of its present restrictions."

You are cordially invited to attend this meeting and become a member of this thriving organization. Bring your friends also.

Volunteer papers, reports of cases, etc., are solicited. Come prepared to participate in the discussion of the papers, and all will be benefited.

PROGRAM.

AFTERNOON SESSION—4 O'CLOCK.

1. General order of business.
2. Report of a case of Phlegmasia Alba Dolens with Treatment—L. R. King, M.D., Junction City.
3. Diuretics—J. F. Brewer, M.D., Minneapolis.

EVENING SESSION—8 O'CLOCK.

1. Management of Abortion—J. N. Ketchersid, M.D., Hope.
2. Paper by G. A. Wall, M.D., Topeka.
3. Neurosis of the Extremities and report of a case—Edw. E. Haslett, M.D., Abilene.
4. Subject of general discussion—Acute and Chronic Dysentery.

F. B. BROWN, *Secretary*,
Salina, Kansas.

N. E. K. M. & P. A.

WETMORE, KANSAS, Sept. 15, 1891.

Society convened in regular session. Dr. Paddock, president, in chair. After the disposal of routine business the association proceeded to render the published program.

Dr. Paddock gave a very able address on Hyperchondria, which brought out quite a number of questions from the members.

Dr. Haigh, of Granada, followed with a paper on "New Remedies," dwelling largely on the products of coal tar, and the vegetable kingdom generally mentioning cactus, pichi and quebraco as especially meritorious remedies. The doctor closed his article by stating that calomel, hot water and electricity, while being old remedies, were old stand-bys that it would at least be injudicious to dispense with.

Dr. Fitzgerald named checken as also a new drug of great value.

Dr. Brow reported very satisfactory results from the use of phenacetine and somnal.

Dr. Paddock thought acetanlid par excelent for hyperpyrexia only. He uses phenacetine in children. The newer antipyretics were then thoroughly discussed by all members present.

Dr. Riggs read an interesting paper on "Specific Medication" which elicited quite a controversy, in which the doctor ably maintained his points.

The next was Dr. Moore, who read a paper on "Typhoid Fever," bringing out the doctor's special views upon the subject in their best light. It provoked a red-hot discussion, joined in by Drs. Riggs, Fitzgerald, Paddock, Haigh, Brown, Grayham, Moore, and others. Following the discussion, Dr. Fitzgerald introduced a little patient with a peculiar condition of the nail of right index finger, which was supposed to have been produced by the child sucking the finger. Dr. Riggs recommended sulphide of calcium internally and carbolated oil externally. The recommendation was concurred in by the members of the Association.

Dr. Haigh presented a case of chronic skin disease; gave a history of the case with treatment, and asked comments which proved quite interesting. The case was put on treatment and requested to report at next meeting.

After the discussion of several other matters of practical value, the Association adjourned to meet at Nettawaka, October 13, 1891.

DR. L. P. PADDOCK, *President.*
DR. JOSEPH HAIGH, *Asst. Secretary.*

THE next regular meeting of the Northeastern Kansas Medical and Protective Association will be held at the office of Dr. L. P. Paddock, in Netawaka, on Tuesday, Oct. 13, 1891, commencing at 10 o'clock A. M.

PROGRAM.

Bronchial Diseases—Dr. Graham, Wetmore.

Skin Diseases—Dr. Brown, Wetmore.

Typho Malarial Fever—Dr. Scott, Holton.

Fractures and Dislocations of the Elbow Joint—Dr. Cambell, Horton.

Neurasthenia—Dr. Paddock, Netawaka.

Orthoepedic Surgery—Dr. Farrar, Atchison.

Cancers and Ulcers—Dr. Haigh, Grenada.

Wounds and Dressings—Dr. Fitzgerald, Wetmore.

Antiseptic Midwifery—Dr. Moore, Effingham.

Lumbago—Dr. McCandless, Holton.

Cliniques and reports of cases.

Your presence is earnestly solicited, and bring your medical friends with you.

DR. L. P. PADDOCK, *President.*

S. M. RIGGS, *Secy.*, Muscotah, Kas.

THE next regular meeting of the Republican Valley Medical Society will meet at Concordia, Kansas, Thursday, October 1, 1891, at 11 A. M.

PROGRAM.

Cyst of Peritoneum—Dr. F. H. McCasey.

Paper—Dr. F. L. Marcotte.

Laryngitis and Tracheotomy—Dr. S. C. Pigman.

You are requested to be present.

F. M. DAILY, *President.*

C. F. LESLIE, *Secretary.*

THE Eastern Kansas Medical Society will meet in the city of Leavenworth Monday evening, October 12, 1891. The following program has been prepared:

1. Reflex Neuroses—D. R. Pelton, M.D., Topeka. Discussion by John Punton, M.D., Kansas City, Mo.

2. Report of a case of Puerperal Eclampsia—John T. Scott, M.D., Holton, Kas.

3. Puerperal Eclampsia—J. B. Hibben, M.D., Topeka, Kas. Discussion by J. C. McClintock, M.D., Topeka, Kas.

4. Histology of the Lens and its Capsule—G. O. Morgridge, M.D., Topeka, Kas. Discussion by J. A. Lane, M.D., Leavenworth, Kas; Flavel B. Tiffany, M.D., Kansas City, Mo.

5. Report of a case of Amaurosis Fugax—G. A. Wall, M.D., Topeka, Kas. Discussion by Grant Cullimore, M.D., Atchison, Kas.

6. Post-nasal Growths and their relation to Diseases of the Middle Ear—Hal. Foster, M.D., Kansas City, Mo. Discussion by W. E. McVey, M.D., Topeka, Kas.

7. Inter-Marriage of Kindred—W. W. Walter, M.D., Leavenworth, Kas.

8. Spread of Contagious Diseases by the Ignorant Connivance of Physicians—C. C. Goddard, M.D., Leavenworth, Kas.

An opportunity will be offered for volunteer papers. Come one, come all.

R. S. MAGEE, M.D., *Secretary.*

HAND-BOOK OF MATERIA MEDICA, PHARMACY, AND THERAPEUTICS, including the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription writing, by Samuel O. L. Potter, A. M., M.D., (Jefferson); M. R. C. P., (London,) Prof. Theory and Practice of Medicine, Cooper Medical College, San Francisco, Cal. Third edition. Revised. Published by P. Blakiston, Son & Co., Philadelphia.

This, the third edition of Potter's materia medica, needs no recommendation from us. It is already one of the most popular works upon the subject now extant. It has taken a prominent place among the text books recommended by the colleges all over the country. The book is not only well worth having, but he who possesses it has a literary gem.

DISEASES AND REFRACTION OF THE EYE by N. C. Macnamara, F. R. C. S., and Gustavus Hartridge, F. R. C. S., Surgeons to the Royal Westminster Ophthalmic Hospital. Published by P. Blakiston & Son, Philadelphia.

It is a neatly-bound book of 600 pages, containing the latest methods of treatment.

It is written to meet the wants of the general practitioner. The practical work of the book is taken from the every-day practice in a large Ophthalmic Hospital in London. We commend it unhesitatingly to every oculist and general practitioner as a most valuable aid and fund of definite information on ophthalmic medication and surgery. It having reached its fifth edition is sufficient evidence that it is meeting the requirements and expectations of the profession.

A short manuel of Analytical Chemistry—qualitative and quantitative—inorganic and organic—by John Muter, M. A., Ph. D., F. R. S. E., F. I. C., F. C. S. First American from the fourth English edition, edited by Claude C. Hamilton, M. D., P. H. G., professor of Analytical Chemistry, University Medical College and Kansas City College of Pharmacy, professor of Chemistry, Western Dental College, Kansas City. Published by P. Blakiston, Son & Co., Philadelphia.

There is no doubt but that this book fully covers the ground its title would indicate. The scheme is well laid out, and all the important work brought up to the standard. It is very practical as a guide for the medical student, giving both the organic and inorganic work in a very thorough and systematic manner. For the practitioner who finds it necessary to make an occasional analysis we would recommend this work as reliable and complete.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1891. Edited by P. W. Williams, M.D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments; 600 octavo pages. Illustrated. $2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of Medical Progress yet offered.

Part one comprises the new remedies, together with a review of the therapeutic progress of the year.

Part two is devoted to special articles on diagnosis; the first on Deformities of the Hand, and their Diagnostic value in Nerve Lessons; the second on the Character of the Sputum as an aid to Diagnosis.

Part three, comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The fourth—and last part—is made up of miscellaneous articles, such as Recent Improvements in Sanitation, concerning Climatology and Hygiene, Alcoholic Inebriety and the results of Asylum Treatment, Improvements in Pharmacy, Books of the Years, etc.

The arrangement of the work is alphabetical, and with its complete index makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—$2.75.

STORIES OF A COUNTRY DOCTOR by Willis P. King, M.D., first Vice-President American Medical Association, professor of Diseases of Women, Medical Department, University of Kansas City. Lectures on Orthopædic surgery and Clinical surgery in the University Medical College of Kansas City. Published by Hummel & Parmele, 611 Drexel Building, Philadelphia. Price, $1.00.

This book, which has so soon reached a second edition, is one of the most entertaining little works it has ever been our pleasure to peruse. It is an index to the character of the author. The work sold originally for $2.50, and it seems entirely out of order to reduce the price, but now that it is done, every physician should avail himself of this opportunity to secure a copy.

Publisher's Column.

WE have just learned of the death of Dr. Geo. C. Irvin, of Sabetha, from an accidental overdose of alcoholic chloroform and ether. Have heard none of the particulars at this writing.

BEFORE the clinic, Prof. Keen removed from the head of a child three years of age, what had been a pure meningocele; the opening in the skull was closed by a piece of decalcified bone. The wound was united by sutures. No drainage used. Bichloride dressing was employed.—*Canada Medical Record.*

Extract from the Medical Mirror, May, 1891.

Will give you a report of a case for which I used Ponca Compound:

"Patient, female, 33 years of age, married, mother of three children, pregnant with the fourth for three months; has to work hard for a living. When she called on me she complained of terrible bearing down pains, cramps in the bowels, indigestion, and great weakness. On examination found a copious flow of white, greenish liquid, from which she told me she had suffered for years. I prescribed the usual remedies, which, while they relieved the leucorrhœa somewhat, did not produce the desired result, especially as her occupation and means precluded a restful life for any given time. Ponca Compound having been recently called to my attention, I was struck by its evident application to the conditions of this case and gave the patient 50 tablets, with instructions to take one after each meal and one at bed-time, and report to me when she had taken all of them. In about two weeks time I saw the patient and was more than surprised to find the leucorrhœa entirely gone. She informed me that her pains had disappeared, her appetite had improved, and her bowels had moved regularly every morning. She said her womb had grown firmer, in fact it gave her no trouble, and she did not know she had such a thing; furthermore she had been able to attend to her usual occupations without any difficulty. She desired a prescription for the same remedy which I gave her and she left me to all appearances a new woman.

One thing I must mention, Ponca Compound seems to affect the appetite, improving it considerably, and by relieving those knifing pains, which in many instances accompany an action of the bowels, to a greater or lesser extent overcomes constipation.

O. GAY, M.D.,
942 Parker St., Boston, Mass.

LIQUID oxygen turns out to be blue. Hitherto it has been described as colorless. M. Olszowski, of Moscow, who has just made the discovery, suggests that the color of the sky may be due to the atmospheric oxygen.

THE manufacture of false teeth for horses is a new industry just opened in Paris with a capital of 2,000,000 francs.

FOR SALE.—A new Harvard chair at a low figure. Cost, $85.

FOR SALE.—A Hartnock microscope with 3 object glasses, 3 eye pieces, etc. Magnifying power of 1,200 diameters.

FOR SALE.—A Beck Star microscope with 2 object glasses, 2 eye pieces, sub-stage, etc. Magnifying power, 850 diameters.

FOR SALE.—A Canton chair, second-hand, in good order, very cheap.

MASSILLON, OHIO, Sept. 14, 1891.
ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.

GENTLEMEN: "In the characteristic and excruciating frontal headache accompanying influenza, I immediately prescribe Antikamnia in five or six grain doses, repeated once in one or two hours, with the happiest results. I have learned to look upon it as almost a specific in counteracting this form of pain."

The above is an extract from an article on Influenza, read by me before the "Stark County Academy of Medicine," at Canton, Ohio, September 1, 1891.

Very respectfully,
D. S. GARDNER, M.D.